



## UPenn Collaborative –Child Custody Assessment Form

Parent's Name \_\_\_\_\_

Total # of Children \_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Male  Female Age \_\_\_\_\_

Do you have legal custody of this child?

yes  no  unknown

Parent Custody Status:

Full Custody  Partial Custody  No Custody

If you have full custody, partial custody or un-supervised visitation, who should be contacted as your back-up child care provider, if you cannot care for your child?

(Name, relationship, contact info)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not have custody of this child, but someone else **in your family** does:

- Spouse/Biological Parent  Grandparent
- Uncle/aunt  Friend  Older siblings
- Independent  Other \_\_\_\_\_

Is DHS involved in this custody arrangement?

yes  no  unknown

Who is the contact person for this child and how can s/he be reached? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has your child lived in this setting?

\_\_\_\_\_

What is the reason you do not have custody?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your current plans or concerns about this child (i.e., Visitation, court hearing dates, school, special needs, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not have custody and someone **outside of your family** does:

Where is this child?  Foster Care  Adopted  
 Resident care  Group home  Unknown

Who is the contact person and how can s/he be reached? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has your child lived in this setting?

\_\_\_\_\_

What is the reason you do not have custody? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your current plans or concerns about this child (i.e., Visitation, court hearing dates, upcoming meetings with DHS, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

