

Team Players and Contact List

Child's name _____ **Family Court#** _____

Date of Placement _____ **Date of Birth** _____

DHS Social Worker #1 _____

Address _____

Work Ph. # _____ **Other Ph. #** _____

DHS Social Worker Assistant _____ **Ph. #** _____

DHS Social Worker #2 _____

Address _____

Work Ph. # _____ **Other Ph.#** _____

DHS Social Worker Assistant _____ **Ph.#** _____

DHS Social Worker #3 _____

Address _____

Work Ph. # _____ **Other Ph.#** _____

DHS Social Worker Assistant _____ **Ph.#** _____

DHS Social Worker #4 _____

Address _____

Work Ph. # _____ **Other Ph.#** _____

DHS Social Worker Assistant _____ **Ph.#** _____

Guardian *ad litem* (GAL) _____ **Ph.#** _____

Address _____

Other Ph.# _____ **Fax #** _____

Juvenile Intake (Court Officer) _____ **Ph.#** _____

Medical Information

Pediatrician _____ Ph.# _____

Address _____

Therapist (Counselor) _____ Ph.# _____

Address _____

Occupational Therapist _____ Physical Therapist _____

Speech Therapist _____ Ph.# _____

Health Clinic _____ Ph.# _____ WIC Program PH _____

Educational Information

School _____ Ph.# _____

Address _____

Principal _____ Counselor _____

Teacher _____ Ph.# _____ Coach _____ Ph.# _____

Surrogate Parent (IEP) _____ Ph.# _____

Family

Relative #1 _____ Ph.# _____

Relative #2 _____ Ph.# _____

Relative #3 _____ Ph.# _____

Relative #4 _____ Ph.# _____

Relative #5 _____ Ph.# _____

Relative #6 _____ Ph.# _____

Relative #7 _____ Ph.# _____

Relative #8 _____ Ph.# _____

