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| SEAL31.TIF | **INCARCERATED PARENT INFORMATION**  State Form 56539 (6-18)  DEPARTMENT OF CHILD SERVICES |  |
| *Please complete a* ***separate*** *copy of this form for* ***each*** *of your children.*  *Return all forms together with State Form 56538, Incarcerated Parent Demographics, in the provided envelope.* | |

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| **YOUR CHILD’S INFORMATION** | | | |
| Name of child | | | Date of birth *(month, day, year)* |
| Other names used | | | |
| Name of child’s doctor | | | Date of last visit *(month, day, year)* |
| Please list the child's known allergies, medical conditions / concerns, and any medical specialists the child sees. | | | |
| Name of child’s dentist | | | Date of last visit *(month, day, year)* |
| Name of child’s eye doctor | | | Date of last visit *(month, day, year)* |
| Is this child a member of, or eligible to be a member of, an Indiana Tribe?  Yes  No | | | |
| If yes, please provide as much information as possible regarding the tribe name, the child’s membership status, and the child’s membership number. | | | |
| Is this child a foreign or dual national?  Yes  No | If yes, nationality | | |
| Describe the child’s strengths and needs. | | | |
| Describe the relationship and traditions you share with your child. | | | |
| Describe your contact with your child while incarcerated. | | | |
| Name of child’s biological mother | | Name of child’s biological father | |
| Were you married at the time of the child's birth?  Yes  No | If yes, name of spouse | | |
| Date of marriage *(month, day, year)* | | If no longer married, date of divorce *(month, day, year)* | |
| Has the child been adopted?  Yes  No | If yes, by whom? | | |
| Has Paternity been established for your child?  Yes  No | | | |
| If yes, please check one.  DNA Testing – Date *(month, day, year)*:                 Location:  Paternity Affidavit – County, state, and Cause Number: | | | |

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| ***FOR NON-CUSTODIAL PARENTS ONLY*** | | | |
| When did you last see your child? *(month, day, year)* | | Have you ever lived with your child?  Yes  No | |
| If yes, when, where, and who were the other household members? | | | |
| Prior to incarceration, how often did you visit your child? | Were visits supervised?  Yes  No | | If yes, by whom? |
| Were visits court ordered?  Yes  No | If yes, cause number *(if known)* | | State and county of the court |
| Have you been ordered to pay child support for this child?  Yes  No | If yes, state and county of the court | | Amount and frequency of child support |

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| What is your plan for your child while you are incarcerated? | | | | | |
| *Please list relatives or any other individuals who have a relationship with your child.* | | | | | |
| **Name** | **Relationship**  **to Child** | **Address**  ***(number and street, city, state, and ZIP code)*** | | **Telephone**  **Number** | **Consider this individual for placement of child?** |
|  |  |  | |  | Yes  No |
|  |  |  | |  | Yes  No |
|  |  |  | |  | Yes  No |
|  |  |  | |  | Yes  No |
|  |  |  | |  | Yes  No |
| Signature | | | Date signed *(month, day, year)* | | |

**Thank you for completing this form. Please return the forms for each of your children along with**

**State Form 56538, Incarcerated Parent Demographics, in the self-addressed, stamped envelope provided.**

**We look forward to working with you!**

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| **LOCAL DCS OFFICE INFORMATION** | | |
| Address of local DCS office *(number and street, city, state, and ZIP code)* | | |
| Name of Family Case Manager (FCM) | | |
| Telephone number of FCM | E-mail address of FCM | |
| Signature of FCM | | Date signed *(month, day, year)* |