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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)*      |