



INCARCERATED PARENT DEMOGRAPHICS

State Form 56538 (6-18)
DEPARTMENT OF CHILD SERVICES



Please complete one (1) copy of this form **and** a separate State Form 56539, Incarcerated Parent Information (included) for **each** child.
Return all forms together in the provided envelope.

INFORMATION ABOUT YOU	
Name	Date of birth (month, day, year)
Other names used	
Name of Department of Correction (DOC) case manager	DOC case manager contact information
Expected date of release (month, day, year)	Expected address upon release (number and street, city, state, and ZIP code)
Who may be living with you upon release?	
Please check all services in which you are currently participating. Please attach available certificates for all completed services.	
<input type="checkbox"/> GED Program	<input type="checkbox"/> Parenting Classes
<input type="checkbox"/> College Level Classes / Trade Skills	<input type="checkbox"/> Anger Management
<input type="checkbox"/> Substance Abuse Treatment / Education	<input type="checkbox"/> Sexual Offender Treatment
<input type="checkbox"/> Other (Please explain.): _____	<input type="checkbox"/> Domestic Violence Therapy / Education
	<input type="checkbox"/> Psychological / Psychiatric Evaluation or Service
	<input type="checkbox"/> Mental Health Services / Counseling
Do you have or intend to have an attorney in this DCS matter?	If yes, name of attorney
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	Date signed (month, day, year)

Thank you for completing this form and the included State Form 56539, Incarcerated Parent Information.
Please return all pages in the self-addressed, stamped envelope provided.
We look forward to working with you!

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)