

# FOSTER CARE REVIEW BOARD REMOVAL REVIEW CASE INFORMATION FORM

---

## REVIEW TEAM INFORMATION

**Removal Review Date:** \_\_\_\_\_

**CASE MANAGER:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**OTHER PARTICIPANT(s):** \_\_\_\_\_

\_\_\_\_\_

**REMOVAL REVIEW VOLUNTEERS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

---

## CHILD/FAMILY INFORMATION

**BIOLOGICAL MOTHER'S NAME:** \_\_\_\_\_

*\*\*\*If the biological mother is not caring for the child(ren) being removed, please write the name of the caretaker (ie: legal guardian, adoptive parent, etc). If available, always list the biological mother's name.\*\*\**

**CARETAKER'S FULL NAME:** \_\_\_\_\_

**RELATIONSHIP TO THE CHILD:** \_\_\_\_\_

Child(ren)'s Names	Date of Birth	Placement Type	Removal Date	Biological Father's Name

