Please answer the following questions and provide this form to the Substitute Care Social Worker during your Quarterly Visit.

Foster Family Information (not including foster children):

Foster Parent #1 (please print): _____

Foster Parent #2 (please print): _____

1. Have there been any changes in household occupancy?
   ☐ **Yes** ☐ **No** If yes, please explain:

2. Has any member of the household initiated counseling?
   ☐ **Yes** ☐ **No** If yes, please explain:

3. Has any member of the household had any medical issues (ie. diagnosis, upcoming surgeries, change or new/additional medications?)
   ☐ **Yes** ☐ **No** If yes, please explain:

4. Has any member of the household been arrested, charged or convicted of a crime since the last quarterly visit with this agency?
   ☐ **Yes** ☐ **No** If yes, please explain:

5. Have the police been to the home since the last quarterly visit with this agency?
   ☐ **Yes** ☐ **No** If yes, please explain:

Please refer to Ohio Administrative Code 5101:2-7-14 Required Notification rule and the Foster Parent Handbook regarding proper notification procedures.

_____ _____

Foster Parent #1 Date Foster Parent #2 Date

_____

Substitute Care Social Worker Date