
RELATIVE INFORMATION FORM

Date: _____

Child's Name _____

Case Number: _____

Dear Parent,

Please fill out one of these sheets for each relative that is personally known to you and you would like to be considered to be a potential caregiver for your child:

Name Relative: _____.

How are they related to you: _____.

Telephone Number: _____.

Current address: _____

How long have they lived there? _____.

If less than two years at current address, please provide previous address:

Please list other individuals living in the home, including children, and their ages:

What is the occupation of each person in the home, or if retired or on disability, please list:

What is their approximate age or date of birth of your relative:

_____.

What is the length of time you have known them, and when did you last see them?

_____.

Does your child have a relationship with them, and when did he/she last see them?

_____.

Have they ever been a caregiver to your child? If so, when and for how long?

_____.

Are you aware of any person in the home having a criminal record? If so, what was the charge, and when did it occur? _____.