

# STATUS REPORT—MINOR IN OUT-OF HOME PLACEMENT

The CI must submit this form to the Administration 90 days after the initiation of the search services and every 90 days thereafter until the search is completed. This same form should be provided to the Director of the Local DSS or the Director's Designee who requested the search.

Date of Initial Service Agreement: \_\_\_\_\_ Investigation No: \_\_\_\_\_  
Name of CI: \_\_\_\_\_ Local DSS: \_\_\_\_\_  
Director of Local DSS or Designee Requesting Services: \_\_\_\_\_

## Minor in Out-of-Home Placement:

Current Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name Prior to Adoption (if different): \_\_\_\_\_

## Actions Taken in Last 90 Days:

First Search Subject's Name: \_\_\_\_\_  
Relationship to Minor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Current Phone Numbers: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Email: \_\_\_\_\_

- The individual sought has not been located
- The individual sought has been located, but the CI has not confirmed the individual's identity.
- The following attempts to contact the individual were made:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The individual sought has been located and the CI has confirmed the individual's identity.
- The CI has assessed the individual's ability and willingness to serve as a:
  - Family Connection
  - Placement Resource
- The individual being sought is able and willing to serve as a:
  - Family Connection
  - Placement Resource
- The individual being sought is not interested in being either a placement resource or a family connection.
- The individual sought is deceased

Comments:

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CI Recommendation:

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Confidential Intermediary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_