



EXHIBIT: \_\_\_\_\_

FAMILY FINDING REPORT TO THE COURT

DATE OF REPORT: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

<b>Child's Name:</b>	<b>Child's Age:</b>	<b>Docket #:</b>
<b>Hearing Type:</b> _____ <b>Hearing Date:</b> _____		
<b>Date family accepted for agency services:</b> _____		
PERMANENCY GOAL: <input type="checkbox"/> REMAIN <input type="checkbox"/> REUNIFICATION <input type="checkbox"/> ADOPTION <input type="checkbox"/> PLC <input type="checkbox"/> FWR <input type="checkbox"/> APPLA		
<b>ACE Score (0-10)</b>	<b>Number of adult relationships <i>identified</i></b> (Total # of people identified)	<b>Number of adult relationships <i>involved</i></b> (Total # of people in SECTION 2)

The family finding section of Pennsylvania's Act 14 of 2019 (formerly Act 55 of 2013) ensures that family finding occurs on an ongoing basis for all children entering the child welfare system. The law is also intended to promote the use of kinship care when it is necessary to remove a child from the child's home in an effort to: (1) identify and build positive connections between the child and the child's kin; (2) support the engagement of relatives and kin in children and youth social service planning and delivery; (3) create a network of extended family support to assist in remedying the concerns that led the child to be involved with the county agency.

Pa.R.J.C.P. 1149 requires the court to inquire as to the efforts made by the county agency to comply with family finding requirements and place its determinations on the record as to whether the county agency has reasonably engaged in family finding. Family finding may be discontinued only if, after a hearing the court has made that specific determination. Family finding shall resume when the court determines it is best suited for the child's safety, protection, physical, mental, and moral welfare, and there is no threat to the child's safety.

**SECTION 1.** PLEASE INDICATE FAMILY FINDING EFFORTS THAT OCCURRED **SINCE THE LAST COURT HEARING** (CHECK ALL THAT APPLY)

- Interviewed child - date: \_\_\_\_\_
  - Interviewed mother – date: \_\_\_\_\_
  - Interviewed father – date: \_\_\_\_\_
  - Interviewed maternal relatives
  - Interviewed paternal relatives
  - Interviewed kin
  - Meeting with family/kin occurred. Number of family/kin who attended \_\_\_\_\_
  - Family/kin meeting is scheduled for \_\_\_\_\_ Number of family/kin invited to attend \_\_\_\_\_
  - Other: \_\_\_\_\_
- Conducted social media searches
  - Conducted computer searches
  - Completed genogram, family tree, etc. (if so please attach)
  - Contacted relatives/kin via phone
  - Conducted a mining of the case record

**SECTION 2.** INCLUDE THE TOTAL NUMBER OF PEOPLE LISTED IN THIS SECTION TO THE BOX ON PAGE 1.

Name of person who can help: \_\_\_\_\_ Date interviewed: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_  Maternal  Paternal  Kin

**Please check all that apply that the relative/kin indicated they could do to assist the child/family**

- |   |  |
|---|--|
| <input type="checkbox"/> telephone the child                  | <input type="checkbox"/> take the child to visits with parents/siblings/family/kin |
| <input type="checkbox"/> write letters to the child           | <input type="checkbox"/> take the parent to visits                                 |
| <input type="checkbox"/> take the child to/from school        | <input type="checkbox"/> supervise visits between parents/siblings                 |
| <input type="checkbox"/> take the child on outings            | <input type="checkbox"/> help with childcare                                       |
| <input type="checkbox"/> take the child on family gatherings  | <input type="checkbox"/> take the child/parent to services                         |
| <input type="checkbox"/> want to participate in case planning | <input type="checkbox"/> interested in caring for the child (kinship care)         |
|   | <input type="checkbox"/> interested in providing respite care                      |

Other please describe: \_\_\_\_\_

.....  
Name of person who can help: \_\_\_\_\_ Date interviewed: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_  Maternal  Paternal  Kin

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Other please describe: \_\_\_\_\_

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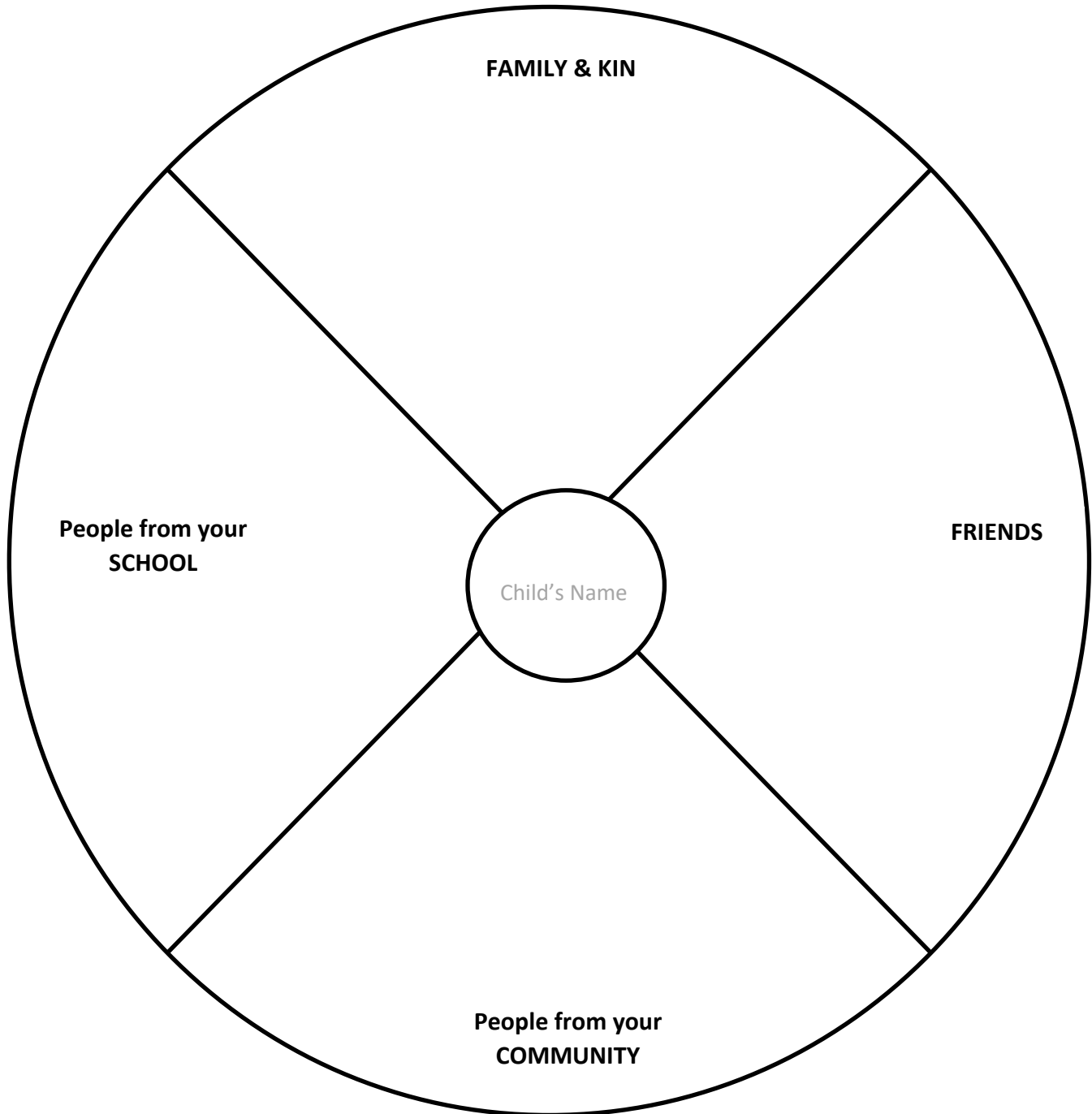
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|   | <input type="checkbox"/> interested in providing respite care                      |

Other please describe: \_\_\_\_\_

.....  
*Duplicate as many pages as necessary*

## CHILD'S CONNECTIONS CIRCLE

The judge wants to know who the important people are in your life. Fill in the circle with people you love and care about from the four different parts of your life in the circle below. Think about people in your family or close friends. People you spend time with, people you talk to, text or connect with on social media. Think of other people you know from your community like a coach, teacher, your best friend's parents or people you feel close with from school, church, other groups or your neighborhood. Thanks for doing this! This helps the judge better understand who the special people are in your life.



This circle should be completed by the child (if age and developmentally appropriate) with support from the caretaker (parent, kin caregiver, foster parent) if necessary. If the child is an infant or a toddler, the caregiver should complete this circle.

## **Child's Activity Calendar**

It is important for the judge to know how you spend your time. Please fill out the calendar with how you spent your time last month. Add things in like what you do with your family and friends, school, sports or other groups you are involved in, exercise, church, visits with family, things you do to help out around the house or neighborhood, anything you have to do for court and fun stuff you do on the weekend. Thanks for doing this! It helps the judge learn a little more about your life.

**YOUR NAME:** \_\_\_\_\_ **MONTH/YEAR:** \_\_\_\_\_

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

This calendar should be completed by the child (if age and developmentally appropriate) with support from the caretaker (parent, kin caregiver, foster parent) if necessary. If the child is an infant or a toddler, the caregiver should complete this calendar.