**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**  
  
 telephone the child  take the child to visits with parents/siblings/family/kin  
 write letters to the child  take the parent to visits  
 take the child to/from school  supervise visits between parents/siblings  
 take the child on outings  help with childcare  
 take the child on family gatherings  take the child/parent to services  
 want to participate in case planning  interested in caring for the child long term   
  interested in providing respite care   
 Other please describe:

**Name of person who can help:**       Date interviewed:        
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  interested in providing respite care   
 Other please describe:         
  
 *Duplicate as many pages as necessary*