CAUSE NUMBER: D-1-FM-_____

IN THE INTEREST OF: _____ DATE OF HEARING: _____

RESIDENCE/LIVING ENVIRONMENT FORM
(For all TMC, Court-Ordered Services, and PMC cases)

INSTRUCTIONS: **CPS CASEWORKERS/SUPERVISORS*: Complete a separate form for each child and for each residence or living environment since the last hearing****, *and give all forms to the court clerk or legal secretary in the courtroom before each hearing.* ***For example****: If Child X moved two times, since the last hearing, complete two forms; if Child X and Child Y have each moved two times since the last hearing, complete four forms.*

Child's name: _____ **Child's age**: _____

Residence: *(Mark only one box)*

☐ Parent's home ☐ Relative/Symbolic relative's home ☐ Foster home ☐ Group home

☐ Foster/adopt home ☐ Adoptive home ☐ Adoptive placement ☐ RTC ☐ Shelter ☐ Respite

☐ HCS/ICF/MR home ☐ PMN home ☐ Psychiatric hospital ☐ Medical hospital

☐ Detention/Jail ☐ TJJD/Prison ☐ Runaway ☐ Other: _____

Privacy: Room: ☐ Own room ☐ Shared room, and # of other children in room: _____

Bath: ☐ Private ☐ Shared ☐ Common/floor

☐ # of other children in home/facility: _____

Caregiver: Caregiver(s): _____ *(for any family/ foster/ adopt home)*

Child Placing Agency: _____ *(if applicable)*

Facility: _____ *(for any RTC, shelter, hospital, etc.)*

Location: City: _____ County:_____ State: _____

Beginning date: _____ **Ending date**: _____

Child requested this residence or living environment: ☐ Yes ☐ No

Child agrees with this residence or living environment: ☐ Yes ☐ No