

FamiliesFirst Network  
of Lakeview

 BAPTIST HEALTH CARE

6557 Caroline Street  
Milton, FL 32570  
Phone (850) 983-5521  
Fax (850) 626-3099

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Re: \_\_\_\_\_

Dear \_\_\_\_\_,

There is a Judicial Review scheduled for \_\_\_\_\_ regarding the child(ren) listed above.

Attached please find a **Form for Provider Input**. Florida Statutes require that this form be filed with every Judicial Review report that is filed by the Department. I am in the process of writing the report for next month's court hearing.

Please take the time to complete this form and return it in the enclosed self-addressed, stamped envelope. If at all possible, please return to me no later than \_\_\_\_\_.

If you have any questions, please feel free to contact me at (850) \_\_\_\_\_.  
Thank you for your assistance in this matter.

Sincerely,

\_\_\_\_\_  
Child Welfare Case Manager  
FamiliesFirst Network  
Santa Rosa County

**FORM FOR PROVIDER INPUT**

Child(ren)'s Name(s):

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**TO FOSTER PARENTS/CARETAKERS**

**Please complete this form. It is important that we have your input in casework decisions regarding children placed in your care. This form will be file in the child's case record and with the court when Judicial Review Social Studies are filed. You will be asked to complete this form:**

**A: When considering returning a child to his/her family**

**B: When a Judicial Review has been scheduled**

COMMENTS:

How is the child doing in your home? \_\_\_\_\_

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Do you wish to comment about the child returning to parents or relatives? \_\_\_\_\_

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Other comments? \_\_\_\_\_

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\_\_\_\_\_  
Print

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date