

Referral/Placement Form

Program: Foster Care – Level 1 Foster Care – Level 2 STFC Whole Family Adoption

Date of Referral:

Taken by:

Name:

DOB:

Age:

Gender:

Race:

Tribal Affiliation:

Registered: Yes No Unknown

SW / PO:

County:

Phone:

Email:

Custody:

Geographic Preference:

If preferred geography cannot be met, can referral be made:

Statewide Central Metro Northeast Northwest Southern

Foster Family Composition:

No Younger Children

Required

Does Not Matter

2-Parent Home

Required

Does Not Matter

At-Home Parent

Required

Does Not Matter

Placement Authorization: *(Need Document)* CHIPS Delinquency TPR Voluntary

Reason for Out-of-Home Placement/Presenting Factors:

Current Residence:

Previous Placements:

Family Circumstances:

DSM Diagnosis:

ADD

Bi-Polar

ODD

ADHD

Conduct Disorder

PTSD

Anxiety

Depression

RAD

Adjustment Disorder

Other:

History of Abuse: None Physical Sexual Emotional Psychological
By Whom: **Client's Age at Time of Abuse:**

History of Chemical Abuse or Treatment:

History of Physical or Sexual Aggression:

Victim Perpetrator

History of Self Abusive Behavior:

Behavior Concerns:

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal Cruelty | <input type="checkbox"/> Encopresis | <input type="checkbox"/> Sexually Active |
| <input type="checkbox"/> Depressed/Withdrawn | <input type="checkbox"/> Enuresis | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> DD | <input type="checkbox"/> Impulsive/Explosive | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Running | <input type="checkbox"/> Toileting Issues |
| <input type="checkbox"/> Eating Issues | <input type="checkbox"/> Self-Harm | |

Supervision Requirements:

- Eyes-on Developmentally Age Appropriate Other:

Medical Concerns:

Allergies:

Medication(s) & Purpose(s):

Current Therapy Plan:

Anticipated Therapy Plan:

Strengths: *(extra curricular, home, personal, school)*

Current or Last School:

Grade:

School Location:

IQ:

Special Education Program:

Behavior/Ability:

Anticipated Length of Placement:

Family Involvement/Visitation:

Placement Needed By:

- Permanency Plan:** Adoption Kinship Care Long-Term Foster Care Reunification

Closing Reason:

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Concurrent | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Placed elsewhere |
| <input type="checkbox"/> Geographic | <input type="checkbox"/> Financial | <input type="checkbox"/> Cultural | <input type="checkbox"/> No ICWA homes available |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Age | <input type="checkbox"/> Medically fragile | <input type="checkbox"/> No sex offender homes available |
| <input type="checkbox"/> Higher level of care needed | | <input type="checkbox"/> Severe aggression | <input type="checkbox"/> Sibling set needs to remain together |
| <input type="checkbox"/> Vulnerable children in home | | <input type="checkbox"/> Actively homicidal | <input type="checkbox"/> Actively suicidal/severe self-injurious |
| <input type="checkbox"/> Current gang involvement | | <input type="checkbox"/> Respite only | <input type="checkbox"/> Community resources not available |
| <input type="checkbox"/> Active sex trafficking | | <input type="checkbox"/> No open beds | <input type="checkbox"/> Toileting issues/feces smearing |
| <input type="checkbox"/> Developmental/cognitive delays too severe | | | <input type="checkbox"/> Substance use/distribution too severe |
| <input type="checkbox"/> Untreated sex offender | | <input type="checkbox"/> Active fire setting risk | |