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| *ATTENTION: This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.* | | | | | | | | | | | | |
|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  **Child Information and Placement Referral** | | | | | | | | | | DATE | |
| NAME | | | | IDENTIFICATION NUMBER | | | | | GENDER | | DATE OF BIRTH | |
| TRIBAL AFFILIATION | | | | RACE / ETHNICITY | | | | | | | | |
| LEGAL STATUS | | NEXT COURT HEARING DATE | | PRIMARY LANGUAGE | | | | | | | | |
| **Worker Information** | | | | | | | | | | | | |
| WORKER’S NAME | | | TELEPHONE NUMBER (AREA CODE) | | | | | | E-MAIL ADDRESS | | | |
| SUPERVISOR’S NAME | | | TELEPHONE NUMBER (AREA CODE) | | | | | | E-MAIL ADDRESS | | | |
| **Placement Information** | | | | | | | | | | | | |
| PLACEMENT TYPE  Initial Placement  Emergent Placement Change  Planned Placement Change  Respite Request | | | IF RESPITE IS MARKED, DATES RESPITE NEEDED | | | | | | PLACEMENT REQUEST  Short Term  Long Term  Permanent Placement | | | |
| REASON FOR PLACEMENT CHANGE | | | | | | | | | | | | |
| ORIGINAL PLACEMENT DATE | | | NUMBER OF PREVIOUS PLACEMENTS | | | | | | START DATE OF PREVIOUS PLACMENT | | | |
| Do the parent(s) / guardian(s) present a safety concern for the child or caregiver?  Yes  No  Explain: | | | | | | | | | | | | |
| **School / Child Care** | | | | | | | | | | | | |
| CHILD’S SCHOOL | | | | | | | | | TELEPHONE NUMBER (AREA CODE) | | | GRADE |
| SCHOOL ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | |
| CHILD’S DAY CARE | | | | | | | | | TELEPHONE NUMBER (AREA CODE) | | | |
| **Child Information** | | | | | | | | | | | | |
| **Summary of Child’s Daily Functioning:** Describe how the child functions on a daily basis. Describe the child’s general behavior, temperament and physical capacity. Include the child’s: Capacity for attachment, role in the family, developmental functioning, mental health, past victimization/trauma and functioning within cultural norms. | | | | | | | | | | | | |
| FOOD PREFERENCES | | | | | | | **ONLY SHOW WHEN OUTH IS 12 OR OLDER FOR GENDER IDENTITY AND SEXUAL ORIENTATION** | | | | | |
| GENDER IDENTITY AS IDENTIFIED BY YOUTH  Female  Male  Other (explain): | | | SEXUAL ORIENTAITON AS IDENTIFIED BY YOUTH  Bi-sexual  Gay  Lesbian  Questioning  Straight  Unidentified | | |
| RELIGIOUS / SPIRITUAL AFFILIATION | | | | | | |
| Youth has been identified as a Sexually Aggressive Youth (SAY):  Yes  No If yes, supervision plan required. Caregiver training required.  Youth has been identified as a Physically Aggressive / Assaultive Youth (PAAY):  Yes  No If yes, supervision plan required. Caregiver training required. | | | | | | | | | | | | |
| **Describe needs that require immediate attention or anything that the caregiver should know to make the transition easier for the child?** | | | | | | | | | | | | |
| **Sibling Information** | | | | | | | | | | | | |
| SIBLING NAMES | | | DATE OF BIRTH | | | GENDER | | LOCATION | | | | |
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| **Attachments** | | | | | | | | | | | | |
| CHET Screen  Voucher for Interim Pharmacy and Medical Services  Caregiver Support Plan  Safety Plan (Pull from FamLink.)  Education Plan (Pull from FamLink.)  Visitation Plan (Pull from FamLink.)  Foster Care Assessment Program (FCAP)  Youth Transition Plan (Pull from FamLink.)  Health and Education Summary (Pull from FamLink.)  Youth Supervisor Plan (Pull from FamLink.)  Independent Living Skills Plan (Pull from FamLink.) | | | | | | | | | | | | |
| Other (specify): | | | | | Other (specify): | | | | | | | |
| Given the nature of out-of-home placement, there may be physical, emotional, medical, sexual, or other behavioral issues or strengths the Children’s Administration worker is unaware of at this time. It is difficult to predict the behavior and/or emotional issues of abused and/or neglected children, therefore **close supervision of the child is expected and required.** If you have any questions about the care or supervision of this child, contact the assigned worker. | | | | | | | | | | | | |
| This information is confidential under state and federal law. It is shared with the child’s caregiver for the benefit of the child and the caregiver’s family. The caregiver is prohibited by law from sharing this information with others unless the information is provided to a person who is responsible for the treatment or care of the child. This form and attachements include information known at the time of placement. As additional information is known, the Children’s Administration worker will share it with the caregiver. | | | | | | | | | | | | |
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| NAME OF CAREGIVER FAMILY | | | | | | | | | | | | |
| CAREGIVER FAMILY’S SIGNATURE DATE | | | | | | | | | | | | |
| WORKER / SUPERVISOR’S SIGNATURE DATE | | | | | | | | | | | | |