

ATTENTION: This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.



CHILDREN'S ADMINISTRATION (CA)

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 <input type="checkbox"/> Initial Placement <input type="checkbox"/> Emergent Placement Change <input type="checkbox"/> Planned Placement Change <input type="checkbox"/> Respite Request	IF RESPITE IS MARKED, DATES RESPITE NEEDED	PLACEMENT REQUEST <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> 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

SEXUAL ORIENTAITON AS IDENTIFIED BY YOUTH

- Female
- Male
- Other (explain):

- 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

Attachments

- CHET Screen
- Caregiver Support Plan
- Education Plan (Pull from FamLink.)
- Foster Care Assessment Program (FCAP)
- Voucher for Interim Pharmacy and Medical Services
- Safety Plan (Pull from FamLink.)
- Visitation Plan (Pull from FamLink.)
- Youth Transition Plan (Pull from FamLink.)

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|--|---|
| <input type="checkbox"/> Health and Education Summary (Pull from FamLink.) | <input type="checkbox"/> Youth Supervisor Plan (Pull from FamLink.) |
| <input type="checkbox"/> Independent Living Skills Plan (Pull from FamLink.) | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other (specify): | <input type="checkbox"/> 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 attachments include information known at the time of placement. As additional information is known, the Children's Administration worker will share it with the caregiver.

NAME OF CAREGIVER FAMILY

CAREGIVER FAMILY'S SIGNATURE	DATE
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WORKER / SUPERVISOR'S SIGNATURE	DATE
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