

Foster Home Referral

Respite ___ Placement ___

Social Worker Name _____

Instructions: Social Worker completes and gives this form to Resource Coordinator to provide information to foster parents in an effort to appropriately match a child in custody to a foster home. The educational information may be used to support a request to DOE. The Kinship page is for the court and may be used for family finding activities.

CHILD INFORMATION:

Name of Child _____

Nickname _____

Birth date _____ Age _____ Medicaid/SS # _____

Sex _____ Race _____ Weight _____ Height _____

Eyes _____ Hair _____ Build _____

Date in Custody _____

Reason for Custody _____ Reason for Probation _____

Sexually reactive _____ Sex Offender _____

Sexually Abused _____ By whom: _____

Physically Abused _____ By whom: _____

Neglected _____

Reason needed placement _____ Child Behavior _____ Provider not available

Strengths: _____

Behaviors: _____

Date of Need or Respite Schedule: _____

Available dates to meet with Resource Coordinator: _____

Child Employment: Where: _____

Hours: _____

Medical Information

Doctor _____ Last Appt. _____

Dentist _____ Last Appt. _____

Eye Doctor _____ Last Appt. _____

Are there any known medical problems or allergies? _____

Medications currently on: _____

Counseling _____ Yes _____ No

If yes, Therapist name: _____

Appointments currently scheduled: _____

Education:

Name of School: _____ Grade _____

Address _____

Phone Number: _____

IEP? _____ Yes _____ No: _____

If yes, name of Surrogate Parent: _____

OTHER INFORMATION OF IMPORTANCE

Specific roles of foster parent i.e.: transport; visits; upcoming dates/review etc.

VISITATION PLAN WITH PARENTS/SIBLINGS

Date of first visit _____ How long? _____ How often _____

Phone contacts; How often? _____

With whom?: _____

Any anticipated issues with parents/family? Describe: _____

Any town they can't live in? _____ Why? _____

How do they get along with other children? _____

List possible Foster Care options: _____

List calls you have already made: _____

Biological Parent Information

Mother's Name _____

Address _____

Telephone # _____

Mother's Name _____

Address _____

Telephone # _____

EVALUATIONS AND/OR SERVICES THAT ARE IN PROGRESS OR NEED TO BE DONE

Is an Assessment Case Manager involved? _____

Will a referral be made? _____ When? _____

Is there a Case Manager? _____ Who? _____

Has WCMH been contacted? _____

Who at WCMH? _____

Estimated length of stay: _____

ATTACH AFFIDAVIT/CASE PLAN/DISPOSITION (if there is one)

Kinship & Support Resources - Known to DCF at Detention

Children:

Name	dob	school/ day care
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Name	dob	school/ day care
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Name	dob	school/ day care
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Parents:

Name town of residence

Name town of residence

1. _____ Contacted? Y N
Name town of residence

Relationship Telephone
Registry check? Y N DOC check? Y N
Available Information:

2. _____ Contacted? Y N
Name town of residence

Relationship Telephone
Registry check? Y N DOC check? Y N
Available Information:

3. _____ Contacted? Y N
Name town of residence

Relationship Telephone
Registry check? Y N DOC check? Y N
Available Information: