

SPECTRUM FOSTER CARE SERVICES

**PLACEMENT INTAKE AND/OR REFERRAL
PRELIMINARY ASSESSMENT AND PLAN OR CARE**

Date of Request _____ **Projected Admission Date** _____

Completed by Intake Worker (name) _____

CSW (name) _____

FSW (name) _____

CHILD'S PROFILE

Child's Full Name _____ **M** ____ **F** ____

Name Child Goes By _____

Birthdate _____

Cultured Identity _____ **Religion** _____

Present Whereabouts of Child: _____

Relationship to Child: _____

PHYSICAL APPEARANCE

Height _____ **Weight** _____ **Hair** _____ **Eyes** _____

Distinguishing Features _____

ADMISSION INFORMATION

Date of Admission _____

New _____ **Re-admission** _____ **Replacement** _____

Reason for Admission or Replacement _____

Anticipated Time in Care _____

Child's anticipated Reaction of Attitude to Placement _____

Key Previous Placements _____

(indicate date and duration)

TYPE OF PLACEMENT REQUIRED

Foster Home Phrase 1 _____ **Foster Home Phrase 2** _____ **Foster Home Phrase 3** _____

Child's preference in terms of placement:

Staff Foster (male) _____ **Staff Foster (female)** _____ **Family** _____ **Staffed** _____

Special Diet Needs (Specify) _____

Cultural Needs (such as food preferences, etc) _____

Does chil have sufficient/appropriate clothing? Yes { } No { }

If no, is worker planning to pick up clothing at home? Yes { } No { }

When _____

If no, will arrangements be made to purchase clothing? Yes { } No { }

By whom _____

Do we need to advance funds for intake clothing? Yes { } No { }

How much \$ _____

LEGAL INFORMATION

Legal Status

TCA _____ SW _____ CW _____ SNA _____ OSW _____ Other _____

Specify _____

Does child have any charges under YOA? Yes ____ No ____ Specify for what _____

Past _____ or Pending _____ Court Date _____ Probation? Yes ____ No ____

If yes, terms of probation order _____

Name of probation officer _____

CHILD'S FAMILY OF ORIGIN

Mother's Name _____ **Father's Name** _____

Biological _____ **Biological** _____

Adoptive _____ **Adoptive** _____

Other (specify) _____ **Other (specify)** _____

Address _____ **Address** _____

Phone (home) _____ **Phone (home)** _____

(work) _____ **(work)** _____

Siblings living at home - specify age and whether they are biological or step, also indicate nature of relationship with siblings _____

Sibling not living at home - specify age and where biological or step _____

Significant others in Child's life _____

Name _____ **Address** _____

Phone _____

Relationship and Importance to Child _____

Contact with Significant others _____

No contact with the following individuals _____

FAMILY HISTORY

1. If parents at time of admission are not the child's biological or adoptive parents, please answer the following:

a) Are biological parent's seperated/divorced? Yes ____ No ____

b) What year did this occur? _____

c) Does child have contact with biological parents?

Yes ____ No ____ Frequency ____

2. Would you consider child's current parents to be:

regid ____ flexiable ____ laissez-faire ____ chaotic ____

CHILD'S MEDICAL INFORMATION

Child's Health Number _____

Name of Family Doctor _____ Date of Last Medical _____

Name of Dentist _____ Date of Last Appointment _____

_____ Allergies (specify) _____

_____ Asthma (treatment required) _____

_____ Diabetes (treatment required) _____

_____ Epileptic - Medication Yes ____ No ____ Frequency

Does child presently have any Communicable Diseases?

Yes ____ No ____ Specify _____

_____ Development challenged (please specify) _____

_____ Physically challenged (please specify) _____

_____ Other (please specify) _____

Is child immunized? Yes ____ No ____ Unknown ____

Does child wear glasses? Yes ____ No ____

Does child have a hearing aid? Yes ____ No ____

Is child taking medication? (includes birth control) Yes ____ No ____

Is yes, please specify _____

Is child on any psychotropic drug? Yes ____ No ____ Specify _____

SCHOOL INFORMATION

Name of School _____ Grade _____

Is child to return to former school? Yes ____ No ____

If yes, who will transport? _____

If no, what school is the child to attend? _____

Who will enroll the child? _____ When? _____

What is the child's current performance level?

If Senior Public or Elementary student requiring special program, has the child been I.P.R.C? Yes ____ No ____ When _____

Nature of Exceptionality _____

If secondary student, indicate program: Advanced ____ General ____ Basic ____
Life skills _____

School attendance. Regular ____ Sporadic ____

Does child exhibit any behavioural difficulties at school? Yes ____ No ____

If yes, specify _____

CHILD'S PERSONALITY

**Briefly describe child, highlighting his or her most significant personality traits
(i.e. happy, sad, aggressive, passive, sodable, compliant, etc.)**

**Was child physically abused? Yes ___ No ___ Alleged ___ Confirmed ___
By whom? _____**

**Was child sexually abused? Yes ___ No ___ Alleged ___ Confirmed ___
By whom? _____**

**Was child emotionally abused? Yes ___ No ___ Alleged ___ Confirmed ___
By whom? _____**

Treatment or Therapy recommended _____

Was treatment received? Yes ___ No ___ By whom? _____

Describe the nature and circumstances of abuse: _____

Has the child abused others? _____

Describe the nature and circumstances of abuse: _____

CHILD'S BEHAVIOUR

Type of Behaviour	Yes	No	FREQUENCY & SPECIFY DETAILS
Alcohol/Drug Abuse			
Fire Setting			
Physical Agressiveness			
Destructive Behaviour			
Stealing			
Lying			
Defiance			
Eating diffulties			
Bedwetting			
Soiling			
Passive Aggressive			
Hygiene Problems			
Runner			
Suicidal			
Truancy			
Sexually Active			
Sexually Aggressive			
Poor Peer Relations			
Preoccupation with Sex			
Attention Seeking			
Mentally / Emotinally Disturbed			
Manipulation (by manipulation we mean lies/plays on people's emotions to get what he/she wants)			
Withdrawn/depressed			

Other conerns, please specify _____

CHILD'S INTERESTS AND HOBBIES

List interested and hobbies the child has _____

Is the child involved in any community program? Yes ____ No ____

Specify what _____

If child is a teenager, does he or she have a job? Yes ____ No ____

Where? _____ How often _____

PROGRAMMING AND TREATMENT

Is the child or family known to other services of the Agency? Yes ____ No ____

If yes, in which program _____ When? _____

For how long _____

Does worker intend to refer this child to other programs within the Agency?

Yes ____ No ____ Which program? _____

If yes to the above, specify when and for what reason _____

Should the child be referred to other outside Agencies and or Services (specify) _____

PRELIMINARY PLAN OF CARE

Goals _____

WORKING RELATIONSHIP WITH FOSTER HOME

When will child's worker visit next? _____

Specify specific tasks to be carried out by the foster parent's _____

Specify specific tasks that are the worker's responsibility _____

Signature of Worker

Date

Foster Home Supervisor

Program Director / Executive Director