



Community Family Supports
9220 Bass Lake Rd. Ste. 305 New Hope, MN 55428
P: 952-945-4168 F: 888-526-2781

*If the referring agency is completing this form, please fax to 888-526-2781.

Private Agency Foster Care Referral Form

Date of Intake Staff Completing Form

Child's Name: D.O.B.: Age: Sex:

Worker Name: Worker Number:

County: MAPCY Rating: Race/Cultural Heritage:

Date Placement Needed: Length of Placement:

Geographical area preference: Yes No

If yes, where:

Current school: Current grade:

Is the child in special education: Yes No

Briefly describe academic motivation, behavior, attendance etc.:

Therapy

Is the child in therapy or will need therapy once in placement? Yes No

Location / frequency:

Will the child need transportation to the therapy? Yes No

Medications:

Chemical usage: Yes No

If yes, which substances?

Is the child on probation? Yes No Probation Officer Name:

If yes, describe the charges:

Make Restitution Community Service

Custody

Type of Placement: Voluntary Court Ordered

Who currently has custody?

Parental rights terminated? Yes No

Permanency Plan: LTFC Reunification Adoption Relative/Other:

Family History

Describe parent's relationship/involvement:

Describe parenting styles/issues leading to out of home placement:

Visitation: Yes No Frequency:

Siblings: Yes No Number:

Story of Child/Presenting Problems

Story of child/pertinent information: _____

Strengths of the child: _____

Desired characteristics of the foster home: _____

Placement History

| <i>Dates</i> | <i>Location</i> | <i>Reason for termination</i> |
|--------------|-----------------|-------------------------------|
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| <p>Presenting Problems:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Abuse <ul style="list-style-type: none"> <input type="checkbox"/> emotional, by whom _____ <input type="checkbox"/> physical, by whom _____ <input type="checkbox"/> sexual, by whom _____ 2. <input type="checkbox"/> Aggressive _____ 3. <input type="checkbox"/> Assaultive, how: _____ 4. <input type="checkbox"/> Destruction of property 5. <input type="checkbox"/> Fetal alcohol syndrome 6. <input type="checkbox"/> Fire Starter 7. <input type="checkbox"/> Hyperactive 8. <input type="checkbox"/> Impulsive-Explosive 9. <input type="checkbox"/> Social Immaturity 10. <input type="checkbox"/> Lying 11. <input type="checkbox"/> Parental neglect 12. <input type="checkbox"/> Prenatal drug exposure 13. <input type="checkbox"/> Physical/sexually abusive to younger children 14. <input type="checkbox"/> Runner. <input type="checkbox"/> Chronic runner 15. <input type="checkbox"/> Sexually acting out. How? _____ 16. <input type="checkbox"/> Stealing 17. <input type="checkbox"/> Pregnant 18. <input type="checkbox"/> Has small child | <p>Special Needs:</p> <ol style="list-style-type: none"> 25. <input type="checkbox"/> PCA required 26. <input type="checkbox"/> Nursing Care, hours/day: _____ 27. <input type="checkbox"/> Apnea monitor 28. <input type="checkbox"/> Autistic 29. <input type="checkbox"/> fragile 30. <input type="checkbox"/> deaf or hard of hearing 31. <input type="checkbox"/> MR, IQ: _____ 32. <input type="checkbox"/> Non-verbal 33. <input type="checkbox"/> physically handicapped, weight: _____ 34. <input type="checkbox"/> seizures 35. <input type="checkbox"/> sight impaired 36. <input type="checkbox"/> other: _____ |
| <p>Mental Health Diagnosis: _____</p> <ol style="list-style-type: none"> 19. <input type="checkbox"/> depressed 20. <input type="checkbox"/> eating disturbance 21. <input type="checkbox"/> self-esteem problems 22. <input type="checkbox"/> suicidal/self-injurious 23. <input type="checkbox"/> sleeping disturbance 24. <input type="checkbox"/> other: _____ | <p>Relationship problems:</p> <ol style="list-style-type: none"> 37. <input type="checkbox"/> authority 38. <input type="checkbox"/> mother 39. <input type="checkbox"/> father 40. <input type="checkbox"/> female adult 41. <input type="checkbox"/> male adult 42. <input type="checkbox"/> peer, female 43. <input type="checkbox"/> peer, male 44. <input type="checkbox"/> poor social skills 45. <input type="checkbox"/> other: _____ |