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| --- | --- |
| Name(s) of Foster Parent(s)       | Date Completed       |
| Address of Foster Parent(s)       | **Phone number**       |
| Name of Licensing Worker       | **Phone Number**       |

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| **Race/Ethnicity/Language of Child** |
| American Indian or Alaskan Native |[ ] [ ] [ ]
| Black or African American |[ ] [ ] [ ]
| White |[ ] [ ] [ ]
| Asian |[ ] [ ] [ ]
| Native Hawaiian or Other Pacific Islander |[ ] [ ] [ ]
| Biracial |[ ] [ ] [ ]
| Multiracial |[ ] [ ] [ ]
| Unable to determine |[ ] [ ] [ ]
| Hispanic or Latino Ethnicity |[ ] [ ] [ ]
| Non- English Speaking/Specify: |[ ] [ ] [ ]
| **Placement History** |
| Child’s first placement: no known issues |[ ] [ ] [ ]
| Child’s first placement: no information |[ ] [ ] [ ]
| Child currently in residential setting |[ ] [ ] [ ]
| Child had previous placements |[ ] [ ] [ ]
| Child had previous adoptive placement |[ ] [ ] [ ]
| **Birth History** |
| Low birth weight |[ ] [ ] [ ]
| Fetal Alcohol Syndrome |[ ] [ ] [ ]
| Drug Exposed |[ ] [ ] [ ]
| Drug Exposed with symptoms |[ ] [ ] [ ]

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| --- | --- | --- |
| Will consider | Will not consider | Questions about |

|  |  |  |
| --- | --- | --- |
| Will consider | Will not consider | Questions about |

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| **Sex of child** |
| Female |[ ] [ ] [ ]
| Male |[ ] [ ] [ ]
| Gender Identity undecided |[ ] [ ] [ ]
| **Age of Child** |
| Infant- 1 years old |[ ] [ ] [ ]
| 1 |[ ] [ ] [ ]
| 2 |[ ] [ ] [ ]
| 3 |[ ] [ ] [ ]
| 4 |[ ] [ ] [ ]
| 5 |[ ] [ ] [ ]
| 6 |[ ] [ ] [ ]
| 7 |[ ] [ ] [ ]
| 8 |[ ] [ ] [ ]
| 9 |[ ] [ ] [ ]
| 10 |[ ] [ ] [ ]
| 11 |[ ] [ ] [ ]
| 12 |[ ] [ ] [ ]
| 13 |[ ] [ ] [ ]
| 14 |[ ] [ ] [ ]
| 15 |[ ] [ ] [ ]
| 16 |[ ] [ ] [ ]
| 17 |[ ] [ ] [ ]
| 18 |[ ] [ ] [ ]
| 18-21 (working towards independence) |[ ] [ ] [ ]
| **Capacity** |
| 1 |[ ] [ ]   |
| 2 |[ ] [ ] [ ]
| 3 |[ ] [ ] [ ]
| 4 |[ ] [ ] [ ]
| 5 |[ ] [ ] [ ]
| 6 |[ ] [ ] [ ]
| Teen Parent with child |[ ] [ ] [ ]

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| **Behavioral/Emotionally Disturbed** |
| Self-harm |[ ] [ ] [ ]
| Aggression |[ ] [ ] [ ]
| Bedwetting |[ ] [ ] [ ]
| Destructive |[ ] [ ] [ ]
| Disrespectful of Teachers |[ ] [ ] [ ]
| Does not play with other children |[ ] [ ] [ ]
| Masturbates |[ ] [ ] [ ]
| Has been exposed to excessive violence |[ ] [ ] [ ]
| Has had early sexual experimentation |[ ] [ ] [ ]
| Has poor personal hygiene |[ ] [ ] [ ]
| Hoards food |[ ] [ ] [ ]
| Lies |[ ] [ ] [ ]
| Manipulating |[ ] [ ] [ ]
| Pants Soiling |[ ] [ ] [ ]
| Plays with matches/fire setting |[ ] [ ] [ ]
| Sleepwalking |[ ] [ ] [ ]
| Smokes Cigarettes |[ ] [ ] [ ]
| Smokes Marijuana |[ ] [ ] [ ]
| Steals |[ ] [ ] [ ]
| Stool Smearing |[ ] [ ] [ ]
| Uses Profane Language |[ ] [ ] [ ]
| Victim of Sexual Abuse |[ ] [ ] [ ]
| Uses Illegal Substances |[ ] [ ] [ ]
| Has explosive outbursts |[ ] [ ] [ ]

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| **Medical and other Diagnosed Condition Requiring Specialized Care** |
| Blood Disorders |[ ] [ ] [ ]
| Cardiac Disorders |[ ] [ ] [ ]
| Diagnosed Medical Conditions |[ ] [ ] [ ]
| Diagnosed Psychological Impairment |[ ] [ ] [ ]
| ADHD |[ ] [ ] [ ]
| AIDS/HIV |[ ] [ ] [ ]
| Cancer |[ ] [ ] [ ]
| Cerebral Palsy |[ ] [ ] [ ]
| Cystic Fibrosis |[ ] [ ] [ ]
| Diabetes |[ ] [ ] [ ]
| Down’s Syndrome |[ ] [ ] [ ]
| Seizures |[ ] [ ] [ ]
| Physically Disabled |[ ] [ ] [ ]
| Requires Intermittent Medical Treatment and Evaluation |[ ] [ ] [ ]
| **Developmental/ Impaired** |
| Intellectually Disabled |[ ] [ ] [ ]
| Failure to thrive |[ ] [ ] [ ]
| Speech Problems |[ ] [ ] [ ]
| Hearing Impaired |[ ] [ ] [ ]
| Deaf |[ ] [ ] [ ]
| Visually Impaired |[ ] [ ] [ ]
| Blind |[ ] [ ] [ ]
| Orthopedic Impairment |[ ] [ ] [ ]
| Orthopedic Impairment: requires treatment ( through doctor) |[ ] [ ]   |

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| Signatures |  |

I agree and understand with signing, that I will accept placements as indicated in this document. I understand this does not guarantee placement.