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

|  |  |  |  |
| --- | --- | --- | --- |
| **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.