**Pre-Placement Questions:**

Basic/Identification

Child’s Name:

Gender:

Date of Birth:

Ethnicity:

Child’s sexual orientation:

Child’s Worker and contact information:

Supervisor and contact information:

Agency and County:

Placement Information/Financial Supports

When would the child need to be placed?

Will there be pre-placement visits?

What type of placement will this be? Emergency, Traditional, Medical, Level A (Behavioral), Level B (Career), Adoptive?

What will the maintenance payment be?

Will there be a clothing allowance available? Does the child have enough clothing?

Is the child on WIC?

Will daycare or before/after school care be available?

Abuse/Placement History

How long has the child been in foster care?

Reason for being placed in foster care?

Has the child been sexually abused? If so by who?

Has the child been physically abused? If so by who?

Is there a history of neglect? If so by who?

What is the child’s understanding of why he/she is in foster care?

Is this their first placement?

If not how many placements have they had and why were they moved?

Can I talk with previous placements?

Family Contact/Visitation

What contact is there with parents?

Where do the parents live?

Are parents consistent with visitation?

What services are parents participating in?

Does the child have siblings?

If so, what are their names and ages and where do they live?

Is there a plan to place siblings together now or in the future?

What is the visitation plan with siblings and parents? Where? When? Who?

Is phone contact allowed? If so, with who, when, how long?

Are there other family members who are involved? If so, how?

What will be my involvement with visits?

Will I be expected to provide transportation? If so where, when and how often?

Will I be expected to supervise visits?

Is there anyone the child should not have contact with?

Are there any safety risks or concerns?

Medical (Physical and Mental)

What services are involved with this child? When and how often?

Does the child have any medical concerns?

Is the child on medication? If so what and why?

Does the child have any allergies? Medication? Foods? Pets? Environmental?

Is the child current on immunizations?

Does the child have any dietary restrictions or requirements?

Is there a history of drug or alcohol exposure prenatally or environmentally?

What is the child’s Medicaid number and is the card available?

Who is the child’s doctor and date of last exam?

Who is the child’s dentist and date of last exam?

Who is the child’s psychiatrist and date of last exam?

Who is the child’s therapist and date of last session?

Does the child have any upcoming medical/dental/therapy appointments?

Does the child have any diagnoses for physical health or mental health issues?

School/Development

Where does the child attend school?

What grade?
What are their grades like?

Are they able to change to my district school? If so, who is responsible for enrolling the child? If not, who is responsible for transportation?

Is the child on an IEP or 504 plan?

What has the child’s attendance been like?

What school issues has the child had?

Has the child gotten suspended from school?

What extracurricular activities is the child involved in?

Is the child developmentally on target? Any delays or advanced development?

Any learning disabilities?

Legal Status/Permanency Plan

What is the child’s legal status?

What is the child’s permanency plan (reunification, adoption, independent living, or relative placement)?

How long do you anticipate the child will be placed with me?

Is this a concurrent placement? (Is my home being considered as a possible adoptive resource? What other homes are being considered as possible resources?)

Who is the child’s guardian ad-litem/attorney?

Who is the Deputy Juvenile Officer?

Who is the presiding Judge/Commissioner?

When is the next court hearing?

When is the next Family Support Team Meeting?

Does the parent have any legal issues?

Does the child have any legal issues?

Personality/Cultural Issues

What are the child’s strengths, interest and activities?

What would make the child feel most comfortable in the home?

What are the child’s triggers?

Does the child have any religious preference?

Do the parents have any religious preference?

Relevant Cultural Issues?

What languages do they speak?

Any special daily care needs?

What are their favorite foods?

Behavioral

Does the child have any behavioral issues or special needs?

Does the child have any of the following behavioral issues (swearing, hitting, biting, kicking, running away, soiling pants, wetting the bed, setting fires, sexually acting out, using drugs or alcohol, smoking, destroying property, verbal or physical aggression with peers or adults, harming animals, suicidal ideation, instigating trouble, stealing, self-harming behaviors, hoarding, \_\_\_\_\_\_\_\_\_)

How does the child do with younger children?

Is the child sexually active?

Are they on birth control?

Have they ever been pregnant or are they pregnant now?

If they have children, what is their contact with them?

Previous Allegations
Has the child made an allegation of abuse against a previous caregiver?

Has the child’s parents made an allegation of abuse against a previous caregiver?

Were these allegations substantiated?

Worker’s Expectations

What are your expectations of me as a foster parent in caring for this child?

What should I do in case of an emergency?

What is the supervisors contact information?

What is the after-hours or on call phone number?

When will the caseworker visit?

What is the best way to contact the caseworker?

Is there anything else I need to know in order to make an informed decision about whether I can parent this child?