Child Foster Care
Placement and Respite Request

Instructions: This form is used for two purposes.

1. **Matching: This form must be completed when making a request for placement or respite. Please complete ALL sections and provide DETAIL/EXAMPLES as the information will be utilized in identifying the best match for the child/youth.**

2. **Information for the Foster Parents: The completed form must be given to the foster parents (RELATIVE AND NON-RELATIVE) at the time of placement or respite. It is the only written information that foster parents receive regarding the child/youth. It is important for them to have this information, so they can meet the needs of the child/youth.**

Date of Request: Click or tap to enter a date.

Child's Name: Click here to enter text.	Social Worker's/PO's Name: Click here to enter text.
Date of Birth: Click here to enter text.	Social Worker's/PO's Phone: Click here to enter text.
Race: Click here to enter text.	Supervisor's Name: Click here to enter text.
Sex: Click here to enter text.	Supervisor's Phone: Click here to enter text.
	Day Intake: 507-328-6400
	After Hours: 507-535-5625

Request (please choose one and answer corresponding questions):

☐ **Placement**

When is placement needed? Click here to enter text.
Estimated length of placement? Click here to enter text.

☐ **Respite**

When is respite needed? Click here to enter text.
How many weekends per month? Click here to enter text.
Will respite be paid through a waiver (CADI, CAC, DD)? ☐ Yes ☐ No

School	**Day Care and/or School Age Child Care**
Location: Click here to enter text.	Location: Click here to enter text.
Grade: Click here to enter text.	How often does the child attend? Click here to enter text.
IEP: ☐ Yes – LD	
☐ Yes – EBD	
☐ No	

Why is the child/youth entering care? Click here to enter text.

Family

Name(s) of primary caregiver: Click here to enter text.
If not the child's parent, how are they related? Click here to enter text.
Address: Click here to enter text.
Phone Number: Click here to enter text.
Siblings: Click here to enter text.
Who is currently living in the home? Click here to enter text.

Description of Child/Youth

1. What is the child's/youth's schedule? What is his/her night-time routine? What is his/her likes and dislikes?
   Click here to enter text.

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2. What are the child's/youth's interests? Click here to enter text.
3. Does the child/youth participate in any activities? If so, what are those activities? Click here to enter text.
4. Does the child/youth have any specific cultural needs? Click here to enter text.
5. What are the child's/youth's strengths? Click here to enter text.
6. Describe the child's/youth/s use or abuse of drugs and alcohol. Click here to enter text.
7. Has the child/youth been a victim of abuse or neglect? Please explain. Click here to enter text.
8. Has the child/youth harmed anyone else – physically, verbally or sexually? Click here to enter text.
9. Is there a concern if the child/youth is placed with younger children? If yes, please explain why and any precautions (i.e. child cannot be placed with any other children, child cannot share a bedroom with other children, etc.). Click here to enter text.
10. Describe the level of supervision needed (i.e. appropriate to child's age, within sight and sound at all times due to concerns of aggression toward others, etc.). Click here to enter text.
11. Describe the child's/youth's relationship with other children. Click here to enter text.
12. Describe the child's/youth's relationship with authority figures. Click here to enter text.
13. **Please check all that apply**:

☐	Property Destruction	☐	Lying/Manipulative	☐	Bed Wetting (Enuresis)
☐	Aggressive/Destructive	☐	Sexually Inappropriate Behaviors or Boundary Issues	☐	Bowel Issues (Encopresis)
☐	Fire Setting	☐	Vulnerable to Sexual Abuse	☐	Sleep Issues
☐	Impulsive/Explosive	☐	Self-Harm – cutting, etc.	☐	Seizure Disorder
☐	Stealing	☐	Depressed	☐	Pregnant
☐	Verbally Aggressive	☐	Withdrawn		
☐	Run Away	☐	Eating Disorder		

14. Please provide examples/explanation for all behaviors checked. Click here to enter text.

15. Has the child/youth been recently released from out of home placement (i.e. another foster home, adoptive home, residential facility, hospital, or detention center)? If so, please give a brief description and attach a discharge summary if available. Click here to enter text.

16. Are there probation terms for this youth (i.e. curfew, community service, etc.)? Click here to enter text.

Medical Information

1. Please list any diagnoses (physical and/or mental health). Click here to enter text.

2. Please list any medications. Medications must be given directly to the foster parent and must be in the original prescription bottle. Click here to enter text.

- **Schedule II controlled substances** must always be locked, regardless of the child's/youth's age. Some examples of schedule II controlled substances are those prescribed for ADHD (Adderall, Concerta, Ritalin) and those prescribed for pain control (Codeine, Oxycodone).
- **When caring for children/youth under the age of 14**, all medications (prescribed and over the counter) must be locked. Approved locking mechanisms are: a keyed lock, a digital lock, or a child proof magnetic lock.
- **When caring for youth age 14 and older**, providers should consider the youth's individual needs when storing medication. **Social worker MUST review any concerns regarding medication with the foster parent. For example, youth is a suicide risk (prescription and over the counter medications should be locked), youth does not take medications as prescribed (foster parent must administer all medications), etc.**

- **Lifesaving medications** (i.e. EpiPen, rescue inhalers, etc.) – Lifesaving medications should be stored on a high shelf but do not need to be locked.

3. Does the child/youth have any allergies (food, pets, medication, etc.)? If so, please describe. Click here to enter text.

4. Does the child/youth have a special diet? If so, please describe. Click here to enter text.

5. Child's/Youth's doctor and clinic. Click here to enter text.

6. Child's/Youth's therapist and clinic. Click here to enter text.

7. Child's/Youth's medical assistance number. Click here to enter text.

Visitation

1. Who can visit with the child/youth? If an adolescent, can they visit with friends? If so, whom? Click here to enter text.

2. Are there persons who are not allowed to visit the child/youth? If so, who? Click here to enter text.

3. Has the schedule for visitation with parents/primary caregivers been established? If so, what is the schedule? Click here to enter text.

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