

Referral date _____ Placement date _____ Location/Region Preferences: _____

IDENTIFYING INFORMATION ON CHILD

First Name _____ Middle _____ Last _____
 Date of Birth _____ Age _____ SSN _____
 Gender: Male Female Agender/Gender-Neutral Binary/Bigender
 Transgender Male Transgender Female
 MA# _____ Other Insurance _____
 Referring County _____ Referring County Worker _____
 Phone Number _____ Cell Number _____
 Race/Ethnicity _____ Tribe _____

BACKGROUND INFORMATION

Diagnosis _____
 Diagnostic Assessment Completed Yes No When? _____
 Previous Placements _____
 Reason for Foster Care Placement _____

FAMILY HISTORY

Parent's Name _____
 Parent's Name _____
 Marital Status Single Married Legally Separated Divorced Widowed
 Location of Parents _____ Visitation Yes No
 Significant Other _____
 Primary Language _____

SIBLINGS

Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____

* In the following sections, if you need more room to record your responses, please attach an additional sheet.

SIGNIFICANT FAMILY INFORMATION

BEHAVIORS

History of Abuse (victim or offender)

Physical Yes No

Sexual Yes No

Emotional Yes No

Neglect Yes No

Explain:

Suicide Ideations/Attempts Yes No

Self Destructive Behavior? Yes No

Explain:

BEHAVIORAL CHECKLIST

Lying

Running Away

Sexually Acting Out

Stealing

Poor Peer Relations

Biting

Temper Tantrums

Bedwetting

Fire setting

Destroying Property

Shoplifting

Explain:

CHEMICAL HISTORY

Chemical Use/Abuse Nicotine Alcohol

Other Drugs _____

Problems caused by chemical use/abuse _____

Chemical assessment completed Yes No

Results _____

MEDICAL HISTORY

Allergies Illnesses Special Diets Eating Problems Seizure Activity

Other(s) _____

Explain:

LEGAL HISTORY

Law Violations

Terms of Probation

Name of Probation Officer _____ County _____

Telephone Number _____ Cell Phone _____

EDUCATION NEEDS

Grade _____ School District _____

Special Needs (EBD/LD) _____ Level _____

IEP Yes No

School Performance

School Behavior

SKILLS

Gifts/Talents/Hobbies

OTHER SIGNIFICANT INFORMATION

Please submit referral form to your local Foster Care Coordinator or fostercare@lssmn.org.