



6737 W. Washington St., Suite 4400, West Allis, WI 53214
(414) 604-5800 | FAX (414) 721-0092

TREATMENT FOSTER CARE REFERRAL

Date:

Worker and Contact Information:

Referring Agency:

Funding Source:

CHILD INFORMATION:

Child's Name (including nickname):

Current Placement/Location:

Gender: DOB: SS#:

Height/Weight:

ICWA: Race/Tribal Affiliation:

Physical Characteristics (Scars, tattoos, etc.):

Physical Limitations:

Legal Status:

Please explain why the case came into the system:

CANS Assessed/Anticipated Level of Care:

Anticipated Date of Placement in Treatment Foster Care:

CHILD TREATMENT ISSUES:

Strengths of the Child:

Interests/Hobbies:

AODA Issues/Treatment:

Tobacco Use:

Aggression (both physical and verbal):

Peer Relationships:

Abusiveness to Animals:

Arson/Fire setting:

Delinquency Charges:

Gang Involvement:

Sexualized issues (either victim or perpetrator):

Sex Offender Registry Information (date, place, charges):

Sexual Activity:

Runaway Behaviors:

Religion:

Describe Current and Past Behavioral Functioning:

Other:



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FAMILY ISSUES:

Legal Guardian Name, Address, and Phone Number:

Legal Custodian:

AODA Issues:

Marital Status and Problems:

History of Child Maltreatment (Allegations, Investigations, and Outcomes):

Anticipated Level of Parental Interference with Placement or Goals:

Visitation Plan:

Contact Not Allowed:

Transportation Accessibility:

Other Significant Individuals in Child's/Family's Lives:

ACADEMIC INFORMATION:

Current School and Grade Enrolled In:

IQ or Level of Functioning:

Special Education/IEP Status (EBD, LD, CD, OHI):

Date of IEP:

Academic Strengths:

Academic Concerns:

Attendance/Truancy Status:

Performance:

School Behaviors:

Transportation:

PSYCHOLOGICAL/PSYCHIATRIC:

DSM Diagnosis:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Medications and Doses:

Psychiatrist:

Suicidal Ideation/Attempts:

Developmental Disabilities:

Psychiatric Hospitalizations:

Therapy Status:

Other Services in Place (Mentor, Crisis Stabilizer, etc.):

Describe Current and Past Emotional Functioning:



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MEDICAL INFORMATION:

- Allergies:**
- Medications (not previously listed):**
- Recent Medical Hospitalizations:**
- Current Medical/Dental Concerns:**
- Glasses, Contacts, Braces:**
- Date of Last Physical:**
- Date CPC/Child Abuse Exam Completed:**
- Date of Last Dental Exam:**
- Date of Last Eye Exam:**
- Pediatrician and Contact Information:**
- Dentist and Contact Information:**
- Ophthalmologist and Contact Information:**
- Upcoming Appointments:**

PLACEMENT HISTORY:

- Reason for Initial Placement:**
- Dates, Locations, and Types of Previous Placements:**
- If Child was Previously in RTC, was Physical Restraint Required:**
- Describe the Type of Family Most Appropriate for Child (Location, Family Make-up, etc.):**

- Anticipated Issues Child Will Experience in Placement:**
- Transportation Expectations of Foster Parents:**

PERMANENCY PLAN:

- Permanency Plan of Record:**
- Anticipated Length of Placement:**
- Discharge Location:**
- Family Goals:**
- Child Goals:**
- Upcoming Court Dates:**

COLLATERAL INFORMATION NEEDED:

- Current Court Order, TPC order, Permanency Plan Order
- Medical Documentation (including Immunizations)
- Psychological Evaluation
- IEP
- CANS Assessment
- Initial Assessment Report that Lead to Child’s Detention/Placement in Foster Care
- Copy of CPC/Child Abuse Exam

**Guardian consent is required prior to placement occurring.