PLACEMENT AGREEMENT

Child Information for Foster/Kinship
To be completed by Placing Caseworker

Child's Name: _____ Date of Birth: _____

Mother's Name: _____ Mother's Phone #: _____
Mother's Address: _____
Father's Name: _____ Father's Phone #: _____
Father's Address: _____

Reason for kinship or foster placement:

Date of placement:

Legal Status: ☐ DHS Custody ☐ Temporary Custody with Kin ☐ Voluntary Placement ☐ Other:

Goals of Care: ☐ Return home ☐ Permanent custody ☐ Adoption ☐ OPPLA ☐ Emancipation

Expected Discharge Date and Plan:

Has the child lived outside the home before? ☐ YES ☐ NO

If YES, where did she/he live? _____

Agency Caseworker: _____ Phone Number: _____

Caseworker's Supervisor: _____ Phone Number: _____

Gender: ☐ Female ☐ Male Place of Birth: _____

Child's physical description: Height: Weight: Hair color: Eye color:

Social Security Number: _____ Race: _____

Religious preference or church of child's family: _____

Type of Healthcare coverage: ☐ Medicaid ☐ Colorado Access ☐ Private Insurance

Child's Medicaid or Access Number: _____

Medicaid Card Provided for Foster/Kinship Provider: ☐ YES ☐ NO

Child's Doctor: _____
Address and Phone Number: _____

Child's Dentist: _____
Address and Phone Number: _____

Child's Current or Previous School: _____

Does the child like school? ☐ YES ☐ NO

Any problems at school (social w/grades w/bullying)?

Does the child have an Individualized Education Plan? ☐ YES ☐ NO

Siblings names/ages. Are they still at home or in placement with another kinship or foster placement?

Other significant people in the child's life (grandparents, friends, teachers, etc.):

History (check all that apply to child)

- ☐ sexual abuse
- ☐ neglect
- ☐ emotional abuse
- ☐ physical abuse
- ☐ domestic violence environment
- ☐ abandonment (by who?) _____
- ☐ drug exposed (during pregnancy)
- ☐ alcohol exposed (during pregnancy)
- ☐ drug/alcohol exposure in the home

Child's strengths:

Temperament:

Social skills:

Fears:

Check the most appropriate statement about safety issues:

- ☐ Child is generally cautious or has skills to keep him/herself safe.
- ☐ Child needs to be reminded to watch for danger, but does not need constant supervision.
- ☐ Child is aware of, but does not watch for danger, and needs close supervision.
- ☐ Child does not realize what is dangerous, and needs close supervision.
- ☐ Child engages in risky behavior and needs close or constant supervision.
- ☐ Child is susceptible to risky behavior or easily led by others, and needs close or constant supervision.

PHYSICAL HEALTH ISSUES

Has the child been hospitalized for physical concerns? ☐ YES ☐ NO
If yes, indicate when and for what:

Please list any current physical health concerns that foster or kinship provider should be aware of:

Child is currently taking medication(s): ☐ YES ☐ NO

If yes, indicate which medication(s) she/he uses, why prescribed, dosage, time given:

Name of doctor/psychiatrist who prescribed the medication(s):

Child has Allergies: To Medication/Drugs: ☐ YES ☐ NO
Environmental factors (Pets, dust, etc.) ☐ YES ☐ NO

If yes, explain:

Special diet or foods:

List any food allergies:

Child's favorite foods:

Eating habits:

Sleep patterns or problems:

Toilet habits:

MENTAL HEALTH ISSUES

Has the child been hospitalized for behaviors or other mental health related issues?
☐ YES ☐ NO
If yes, explain when and where:

Is the child in therapy currently? ☐ YES ☐ NO

If yes, name and phone number of therapist _____

_____

Primary diagnosis: _____

What are the goals for therapy?

If no, has child been in therapy in the past? ☐ YES ☐ NO
What were the diagnosis and the goals for therapy?

Name of therapist: _____

Is there any other information that would be helpful for us to know about the child?

Other professionals involved in the child's life <u>and their phone numbers</u>:

Guardian ad Litem: _____ Phone: _____

CASA: _____ Phone: _____

Mentor/Partner: _____ Phone: _____

Contact or Visitation with Birth Family and/or Kin: ☐ YES ☐ NO

If yes, explain details of contact:

PLACEMENT AGREEMENT

The undersigned caseworker certifies that the Larimer County Department of Human Services has legal custody or statutory authority to authorize foster or kinship care for the child named above and does hereby authorize and direct the foster or kinship providers named below to provide twenty-four hour care to the named child until such time as the undersigned does exercise its lawful authority to remove such child from care and further authorizes the named foster or kinship providers to arrange for emergency medical, surgical, or mental health care for such child.

Parent _____ Date _____

Parent _____ Date _____

Foster/Kinship Provider _____ Date _____

Foster/Kinship Provider _____ Date _____

Caseworker _____ Date _____

Caseworker _____ Date _____

Foster/Kinship Caseworker _____ Date _____

Other _____ Date _____

Human Services After-Hours Emergency Contact: Call The Hub at 498-6990, they will access the on-call Human Services caseworker or Duty Supervisor.

Larimer County Department of Human Services Main Number (24 hour): 498-6900

2555 Midpoint Drive, Suite F
Fort Collins, CO 80525
(970) 498-6900
Fax (970) 498-6966

PLACEMENT AGREEMENT

Foster/Kin Parent Acknowledgement of Rates

Child's Name _____ Date of Placement: _____

Age	Daily/Monthly Rate
☐ Birth-4	$17.00/ $517.23
☐ 5-11	$15.38/$467.97
☐ 12-18	$23.48/$714.27
☐ SFC	
☐ Other	

_____ _____

Foster/Kin Parent Signature Date

_____ _____

Foster/Kin Worker Signature Date

2555 Midpoint Drive, Suite F
Fort Collins, CO 80525
(970) 498-6900
Fax (970) 498-6966