

CHILD PLACEMENT APPLICATION

ALL SUPPORTING DOCUMENTS REQUESTED MUST BE SUBMITTED WITH THIS FORM PRIOR TO CONSIDERATION OF CHILD PLACEMENT. IMMUNIZATION RECORDS, SSI CARDS, AND BIRTH CERTIFICATES ARE ALSO REQUIRED. FAILURE TO PRODUCE REQUESTED DOCUMENTS MAY DELAY ENTRY INTO OUR PROGRAM.

CHILD'S NAME: _____ DOB: _____ SSN: _____

FAMILY/EDUCATION

Number of Siblings: _____ Brothers: _____ Sisters: _____ Parent's Marital Status: _____

Child's Current Residence: _____

Current School: _____ Grade: _____

Special Education? If yes, please include IEP: _____

Who has been the primary care-giver of the child for the last 6 months? _____

CPS/LEGAL

Is your child involved with CPS? YES* NO Are you in Family Treatment Court YES NO

**If you answered yes, please complete the information below and include a copy of your service plan:*

What type of CPS involvement (dependency, voluntary, etc.)? _____

CPS Worker: _____ Phone #: _____

Attorney: _____ Phone #: _____

Are you involved in any other legal issues involving custody of child, family dispute, etc.? YES NO

MEDICAL/PSYCHIATRIC

Child's current medical conditions: _____

Child's past medical conditions: _____

Child's current medications: _____

Child's past medications: _____

MEDICAL/PSYCHIATRIC CONTINUED....

Has your child ever received mental health counseling? YES NO

If yes, what was the diagnosis? _____

Agency Name: _____ Dates Enrolled: _____

Treatment Summary: _____

**Please include a copy of treatment plan*

Mother's history of drug/alcohol abuse during pregnancy: _____

Did child require medical attention as a result? (if yes, please explain) _____

Significant life events (losses, physical/mental/sexual abuse, moves, etc.) _____

If yes, how did this affect the child? _____

Has your child experience any of the following within the last year?

_____ BED WETTING _____ RUNNING AWAY _____ SEXUAL ACTING OUT _____ OTHER
_____ VIOLENT BEHAVIOR _____ LOSS OF APPETITE _____ REFERRAL TO MENTAL HEALTH

If you answered yes to any of the above, please explain: _____

I understand that:

Placement of a child with a parent in treatment is not guaranteed and is decided on an individual basis. Recommendations for placement will be contingent on a client's ability to stay engaged in treatment, participate in groups, complete treatment assignments, and have no major rule violations as well as the agency's ability to meet the needs of the child. Final decisions are made in collaboration with legal parties and/or child's caregiver. Our policy is designed to reduce the risk of the removal of children from families once they are reunified. It will be the parent's responsibility to interact with their child and provide a structured routine for daily activities. This is important to consider as daily schedules and treatment dynamics may change for parents who have a child residing with them. If at any time during the reunification process staff feels transitioning a child will impede the treatment process, placement may be postponed or denied.

I certify that the facts contained in this application are true and complete and understand that, if accepted, falsified statements on this application may be grounds for discharge. I authorize verification of all statements contained here in.

Parent Signature

Date