



Foster Child Referral/Screening Form

Child's name: _____

Age: _____ Gender: _____ Ht. _____ Wt. _____ Race: _____
Does the race of the foster family matter? _____

Type of Service Needed:

___ Regular FC ___ Therapeutic FC ___ Foster/Adopt Placement

MCO: _____

Date Placement needed: _____

Type of family requested (two parent, single parent, stay at home parent, other kids, etc):

Diagnosis: _____

Medications: _____

Current Behaviors: _____

Past Behaviors: _____

Child's strengths/hobbies/interests: _____

Current School setting (Day tx, Public, Suspended) Does the child need to remain in that school/setting?: _____

Is there an IEP? _____ Current grade level or last completed? _____

Current/proposed plans for after school time (payment source?) _____

Insurance? Method of payment for Foster Care/ Room & Board: _____

Is the child currently receiving therapy/psychiatry services? Yes _____ No _____

Where? _____ How frequent? _____

Will that continue after placement? _____

What is the proposed discharge plan? (ie. length of stay, return home, etc):

What family involvement (ie. visitation w/ parents, shared parenting needed, sibling visits, how frequent, etc): _____

How did you hear about TCFF?:

Agency Involvement

Social Worker: _____ Phone #: _____
County: _____ e-mail: _____
Address: _____

Referral Source: _____ Phone #: _____
Agency: _____
Title: _____ e-mail: _____
Address: _____

Other: _____ Phone #: _____

Follow-up contacts:

FOSTER CARE ADMISSION SCREENING:

Eligible for Admission to: Regular FC Therapeutic FC Foster/Adopt Placement

Projected Admission Date: ____/____/____ or Add to Waiting List

Not Eligible for admission to Foster Care services because: _____

Referred to: _____

Decision based on: _____

AND

Documentation Reviewed: Application Comprehensive Clinical Assessment IEP

Internal Documentation Psychiatric /Psychological Assessments

Name of Person Screening: _____ Date of Decision: ____/____/____

Title of Person Screening: _____

Return completed form to admissions@thompsoncff.org along with most recent CCA and PCP, if applicable.