

# REFERRAL TO OUT OF HOME CARE CHILD CHARACTERISTICS / NEEDS

## I. Demographics

Case Number:

Referral Date:

Date Placement Needed:

Family Name:

Family Phone:

Family Address:

Child's Name:

Gender:

DOB/Age:

Primary Language of Child:

Race:

Child's Address if Different Than Family's:



## II. Child Information and Needs

A. Reason for Placement



B. Current Functioning, Behavior and Emotion



C. Medical, Educational and Developmental



D. Church, Community or Cultural Needs



E. Interests and Talents



**III. Additional Information**

**A. Brief Summary of Child’s History/Past Experience with the Agency and Out of Home Care Placements.**

**B. Relationship to Current Caretakers, Parents, Siblings and Relatives. (Include Name and Ages of Other Siblings Needing Placement)**

**C. Placement Preference (If Applicable)**



Worker’s Signature

Supervisor’s Signature



Phone Number

Site

