Child Description for Foster Home Placement Recruitment

Use of form: Use of this form is a requirement to request a Foster Home recruitment through the Bureau of Regional Operations for children placed in out-of-home care and a foster home resource is needed for the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Complete all sections below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Today’s Date | | | Date Placement Needed |
| Special Considerations  Sibling Placement Needed | | Short-Term Placement Only | | Anticipated Long-Term Placement |
| Name – Child (First Name Only) | | Gender | | Age (years/months) |
| Race | | | | Ethnicity |
| ICWA Status | | | Indian Tribe | |
| Date of Removal | | County of Jurisdiction | | Legal Status |
| Reason(s) for Removal | | | | |
| Current Placement Setting | | | | Permanency Goal(s) | |
| Number of siblings to be placed together | | | | Names and Ages – Siblings (First Names Only) |
| A. Child Specific Information | | | | |
| Strengths (What does the child do well?): | | | | |
| Interests/Hobbies: | | | | |
| Likes/Dislikes: | | | | |
| Family Interaction frequency and location: | | | | |
| Sibling relationships and frequency of sibling contact: | | | | |
| Important connections to maintain for the child: | | | | |
| Physical Health and Medical Strengths and Needs: | | | | |
| Behavioral Health Strengths and Needs: | | | | |
| Educational Strengths and Needs: | | | | |
| Family characteristics to meet child’s needs: | | | | |
| Immediate needs of the child: | | | | |

|  |  |
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| **B.** **Information for Workers Only** | |
| Level of Need (Child) | Medications |
| Diagnoses | |
| Types of Services Provided – Child | |
| Provider Characteristics | |
| C. Contact Information | |
| Worker Name | |
| Agency Name | |
| Email Address | Telephone Number |