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

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|  | 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      |