**DEPARTMENT OF CHILREN AND FAMILIES**

Division of Safety and Permanence

**Intake Information – Group Home Resident**

**Use of form:** Use of this form is voluntary; however, completion of this form for placement in the resident record will provide base information in accordance with DCF 57.38(1) of the Wisconsin Administrative Code. Personally identifiable information gathered on this form will be used only to determine compliance with licensing regulations. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. For a complete listing of resident record requirements, see the DCF-F-CFS379, Child Record Checklist – Group Homes. If additional space is needed when completing this form, attach separate sheet(s).

**Instructions:** If the facility is a family-operated group home, a DCF-F-CFS872A-E, Information for Out-of-Home Care Providers – Part A and a DCF-F-CFS872B-E, Information for Out-of-Home Care Providers – Part B must also be completed.

|  |  |
| --- | --- |
| **I.** | **RESIDENT INFORMATION** |
| Name – Last      | Name – First      | Alias (Nickname)      |
| Birthdate (mm/dd/yyyy)      | Gender      | Date of Placement (mm/dd/yyyy)      | Check all that apply:[ ]  Voluntary placement [ ]  Court-ordered placement[ ]  Custodial parent [ ]  Expectant mother[ ]  Respite care [ ]  Homeless / runaway youth |
| Religious Preference (Child or Family)      |  |
| **II.** | **PLACING AGENCY / PARENT / GUARDIAN / LEGAL CUSTODIAN RESPONSIBLE FOR RESIDENT** |
| Name      | Relationship to Child[ ]  Placing agency [ ]  Parent [ ]  Guardian [ ]  Legal custodian |
| Physical Address      | Mailing Address, if different      |
| Telephone Number – Home      | Telephone Number – Work      | Telephone Number – Cell      |
| **III.** | **EMERGENCY CONTACTS** |
| A. | Name – **Agency** to be contacted in an emergency      | Name – Contact Person      | Relationship to Child      |
|  | Address (Street, City, State, Zip Code)      | Telephone Number      |
| B. | Name – **Person** to be contacted in an emergency      | Relationship to Child      |
|  | Address (Street, City, State, Zip Code)      | Telephone Number      |
| C. | Name – **Physician** to be contacted in an emergency      | Telephone Number      |
|  | Address (Street, City, State, Zip Code)      |
| **IV.** | **HEALTH INFORMATION** |
| A. | Name – **Physician** to be contacted in an emergency      | Telephone Number      |
|  | Address (Street, City, State, Zip Code)      |
| B. | Name – **Dentist** to be contacted in an emergency      | Telephone Number      |
|  | Address (Street, City, State, Zip Code)      |
| C. Allergies (including allergies to food or medication) – Specify.      |
| D. Physical Limitations – Specify.      |
| E. Medications and Treatments – Specify.      |
| F. Illnesses and Accidents – Specify.      |
| **V.** | **SCHOOL INFORMATION** |
| Name      | Current Grade      | Telephone Number      |
| **VI.** | **INVENTORY OF RESIDENT CLOTHING AND POSSESSIONS AT PLACEMENT** |
|       |
| Name – Person Completing Form      | Position      | Date Completed (mm/dd/yyyy)      |