**REQUIRED CENTRAL STAFFING INFORMATION**

**Use of form:** This form is used to provide information so that placement decisions for children in need of out-of-home care placement can be made. Personally identifiable information is used only for that purpose. The Social Security Number is not mandatory, but may be needed to obtain a temporary medical card.

**Instructions:** A cover page summary describing the child and what the child’s needs are that may necessitate placement into a higher level of care must be attached.

|  |  |  |
| --- | --- | --- |
| Name – Case Manager      | Region      | Telephone Number      |
| Name – Case Manager’s Supervisor      | Telephone Number      |
| [ ]  Ongoing | [ ]  IA | [ ]  Other – Specify: |       |
| Date – Current Staffing      | Date – Central Staffing Form Completed      |
| Date – Internal Staffing Approval Signature From Program Manager      | Date – Target Date for Placement      |
| Provide statement of child’s needs and expected outcomes from higher level of care agency.      |
| **Physical / Medical Information** |
| Name – Child      | Birthdate      | Age      | Social Security Number      |
| Gender      | Ethnicity      | Height – Approximate       | Weight – Approximate       |
| Current Medication(s) and Dosage – Specify:      |
| Name – Prescribing Physician      |
| Significant Medical Conditions – Specify:      |
| Physical Limitations – Specify:      |
| [ ]  Allergies – Specify:      | [ ]  Yes [ ]  No Child has Asthma |
| Name – Child’s Pediatrician      | Telephone Number      | Date – Last Physical Exam      |
| [ ]  Yes [ ]  No | Is child current on immunizations? | If “No”, immunizations child needs – Specify:      |
| Date – TB test      | Results of TB test      |
| **Current Placement (Status)** |
| [ ]  Own home | [ ]  Kinship relative | [ ]  Licensed relative |
| [ ]  Foster care | [ ]  Treatment foster care | [ ]  Hospital |
| [ ]  Group care | [ ]  RCCCY |
|  |  |
| [ ]  Name – Assessment center: |       |
| [ ]  Name – Stabilization center: |       |
| [ ]  Name – Assessment home: |       |
| [ ]  Name – Other – Specify: |       |
|  |
| Date – Placed in current placement:       |
| Name – Current placement:       |
| Address – Current placement:       |
| Telephone Number – Current placement:       |
|  |
| If child is not in own home, what date was the child removed from their home?       |
| Reason child was removed from home – Specify:      |
| Date – Last CST:       | Date – Next scheduled CST:       |
| **Permanency Plan** |
| [ ]  Return home | [ ]  TPR / Adoption | [ ]  Relative placement | [ ]  Other – Specify:       |
| Date – Last permanency plan review:       |
| Decisions made at last permanency plan review:      |
| **Child’s Legal Status** |
| Family Case Number      | Child’s Court Number      |
|  |
| [ ]  CHIPS: Pending:       |
|  | Current Order:       that expires on       |
|  | Name – Judge      | Next Court Date      | Branch      |
|  | Name – District Attorney      | Name – Guardian ad Litem      |
|  |
| [ ]  Delinquency: Pending:       |
|  | Current Order:       that expires on       |
|  | Date – Next court appearance:       |
|  | List offense(s):        |
|  |  |
| [ ]  Yes [ ]  No [ ]  Don’t know Does the Indian Child Welfare Act (ICWA) apply? |
| If “Yes”, what is the child’s tribal involvement?      |
| **Placement History** |
| Indicate where and when the child was placed and why disruption occurred. |
| Foster Homes      |
| Treatment Foster Homes      |
| Group Homes      |
| RCCCY      |
| Inpatient Psychiatric Hospital      |
| Shelters / Assessment Centers / Stabilization Centers / Assessment Homes      |
| **Cognitive and Emotional Functioning** |
| [ ]  Yes [ ]  No If child qualifies for SSI, has the child been referred? |
| Describe any intellectual and / or emotional challenges faced by this child and his / her caretakers; i.e., autistic / mentally ill / depressed / hyperactive / suicidal / self-mutilating / eneuretic and / or encopretic.      |
| List the strategies that have proven most helpful in meeting the child’s cognitive / emotional needs at home, school and in the community.      |
| **Behavioral Functioning** |
| Describe any behavioral challenges faced by this child and his / her caretakers; i.e., uncontrollable / runaway / verbally aggressive / physically aggressive / sexually active / AODA issues.      |
| List the strategies that have proven most helpful in meeting the child’s behavioral needs at home, school and in the community.      |
| **Academic Functioning** |
| Name – Current School      | Grade Level      |
| Name(s) – Previous School(s)      |
| [ ]  Yes [ ]  No In exceptional education? |
| [ ]  CD [ ]  ED [ ]  LD [ ]  Other – Specify: |       |
| List any behavioral issues at school; i.e., underachieving / truant / disruptive / child being sent home a significant amount of time.      |
| [ ]  Yes [ ]  No Current IEP? |
| If “No” provide explanation:      |
| List identified academic strengths, needs, and the strategies that have proven to be the most helpful in meeting any identified special needs.      |
| **Current Services In Place** |
| Name – Agency providing the service(s)      |
| Name – Whoever is transporting child to the desired service(s)      |
| Frequency of the service(s)      |
| **Strengths and Talents of Child** |
| Describe child’s current and relevant strengths.      |
| Describe some of what this child enjoys and does well.      |
| **Current Family Involvement** |
| Provide names, addresses and telephone numbers of parent(s) and / or guardian(s).      |
| [ ]  Yes [ ]  No Has child’s parent been adjudicated? |
| Provide siblings names, birthdates, and where siblings are placed.      |
| Describe any current contact (including family therapy and visitation) between child and parent(s), siblings, and relatives.      |
| Describe child and family attitudes toward treatment foster care / group home care.      |
| **Visitation Schedule** |
| [ ]  Yes [ ]  No Will visitation be supervised or not? |
| List any court order requirements.      |
| Frequency of contact or no contact.      |
| [ ]  Yes [ ]  No Will biological parents support visitation? |
| [ ]  Yes [ ]  No Will biological parents visit? | Frequency of visits: |       |
| **Family History** |
| Describe relevant AODA, mental illness, domestic violence and corresponding treatment history of parents and adult family and how this may have or continues to influence this child and family.      |
| Describe coping strategies, resiliency and resources, which have proven to be the most helpful to this family in meeting their challenges.      |
| **Cultural / Spiritual Aspects of Child and Family** |
| Describe any child and / or family religious and cultural preferences.      |
| **Abuse / Neglect History** |
| Describe and provide date(s) of any substantiated incidents of physical, emotional, sexual abuse and neglect.      |
| List any current “No Contact” or restraining orders.      |
| **Placement Suggestions** |
| Check all that apply in describing the type of placement that will most likely meet the child’s needs. |
| [ ]  Outside Milwaukee County [ ]  Within Milwaukee County |
|  | Treatment Foster Home |
|  | [ ]  2 parent | [ ]  Younger children in home |
|  | [ ]  Single parent – female | [ ]  Older children in home |
|  | [ ]  Single parent – male | [ ]  No children in home |
|  | [ ]  Same gender partner households | [ ]  No pets |
| Describe what, if any, community / child **safety concerns** should be considered at present?      |
| Provide suggestions on what might contribute to a smooth transition from the current placement into an approved higher level of care placement?      |
| Describe what factors or interventions might prove most helpful and should be prioritized to increase the likelihood of a successful experience for this child (and his / her family) in placement.      |
|  |
| Attach, if applicable, the most recent psychological reports / inpatient stays – with diagnoses / IEP summary page / Family Assessment / Case Plan |