

REQUEST FOR PLACEMENT

Identifying Information

	Date	/	/		Date Placement Needed	/	/
Name of Child				Medicaid #			
DOB / /	<input type="checkbox"/> M	<input type="checkbox"/> F		Medical Issues	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Legal Status	Petition Type			Allergies	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Reason for Removal				Medications	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Permanency Plan				Pediatrician			
				Dentist			
Family Residence				Medical Authorization (Form 2266)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Siblings in Care				Diagnosed Mental Health Issues	<input type="checkbox"/> Y	<input type="checkbox"/> N	
School or Childcare				Prior Placements	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Education Coding				Anticipated Length of Placement			
Grade				Permanency Plus	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Religious Affiliation				Current Court Order	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Scheduled Activities (sports, scouts)							
Services Scheduled (therapy, work, community service)							

Strengths of the Child

- | | | |
|--|---|---|
| <input type="checkbox"/> Engaging personality | <input type="checkbox"/> Positive manners | <input type="checkbox"/> Skill or interest in athletics |
| <input type="checkbox"/> Positive relationships w/adults | <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Positive peer relations |
| <input type="checkbox"/> Benefits from structure | <input type="checkbox"/> Skill or interest in art | <input type="checkbox"/> Good self-control |
| <input type="checkbox"/> High self-esteem | <input type="checkbox"/> Skill or interest in academics | <input type="checkbox"/> Club or group involvement |
| <input type="checkbox"/> Responds to adult directions | <input type="checkbox"/> Skill or interest in music | <input type="checkbox"/> Other |

Comments

Behaviors of the Child

- | | | | | | |
|--------------|---|-----------------------|---|--------------------|---|
| Aggressive | <input type="checkbox"/> Y <input type="checkbox"/> N | Destructive | <input type="checkbox"/> Y <input type="checkbox"/> N | Harm to animals | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Stealing | <input type="checkbox"/> Y <input type="checkbox"/> N | Lying or accusations | <input type="checkbox"/> Y <input type="checkbox"/> N | Self injurious | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Affection | <input type="checkbox"/> Y <input type="checkbox"/> N | Sexualized behavior | <input type="checkbox"/> Y <input type="checkbox"/> N | Parentified behav. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Sleep issues | <input type="checkbox"/> Y <input type="checkbox"/> N | Wetting | <input type="checkbox"/> Y <input type="checkbox"/> N | Soiling | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Poor hygiene | <input type="checkbox"/> Y <input type="checkbox"/> N | Runs away | <input type="checkbox"/> Y <input type="checkbox"/> N | Stool smearing | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Smoking | <input type="checkbox"/> Y <input type="checkbox"/> N | Drug or alcohol abuse | <input type="checkbox"/> Y <input type="checkbox"/> N | Fire setting | <input type="checkbox"/> Y <input type="checkbox"/> N |

Family Information

Parent 1	Phone	Parent 2	Phone
Address		Address	
Visits with Parent 1 <input type="checkbox"/> supervised <input type="checkbox"/> unsupervised		Visits with Parent 2 <input type="checkbox"/> supervised <input type="checkbox"/> unsupervised	
Frequency		Frequency	
Parent 1: diagnosed developmental disabled;	<input type="checkbox"/> Y <input type="checkbox"/> N	Parent 2: diagnosed developmental disabled	<input type="checkbox"/> Y <input type="checkbox"/> N
Victim of domestic violence	<input type="checkbox"/> Y <input type="checkbox"/> N	Victim of domestic violence	<input type="checkbox"/> Y <input type="checkbox"/> N
Perpetrator of DV or assault	<input type="checkbox"/> Y <input type="checkbox"/> N	Perpetrator of DV or assault	<input type="checkbox"/> Y <input type="checkbox"/> N
Diagnosed mentally ill	<input type="checkbox"/> Y <input type="checkbox"/> N	Diagnosed mentally ill	<input type="checkbox"/> Y <input type="checkbox"/> N
Has serious health issues	<input type="checkbox"/> Y <input type="checkbox"/> N	Has serious health issues	<input type="checkbox"/> Y <input type="checkbox"/> N
Identified substance abuse issue	<input type="checkbox"/> Y <input type="checkbox"/> N	Identified substance abuse issue	<input type="checkbox"/> Y <input type="checkbox"/> N
Relationship with Siblings		Other Visitation resources	
Recommend Placement together		<input type="checkbox"/> Y <input type="checkbox"/> N	
Interactions			
Placed at		Date / /	

Identifying Information: Details

Medical Issues:
Medications:
Allergies:
Diagnosed Mental Health Issues:
Prior Placements:
Scheduled Activities Continued:
Other Comments or Information:

Instructions to the “Request for Placement”

PURPOSE:

The “Request for Placement” is used to collect information that identifies and describes the child who is being initially placed in foster care. The information is used to arrange the most appropriate match that is available as of the placement date. After this initial fact gathering, the Child’s Information Sheet (Form 2267) is completed by the CPSW or JPPO within 30 days of placement.

INSTRUCTIONS:

Form 2269A is a one-page paper form completed by the Foster Care Worker with the CPSW or JPPO who is requesting a child’s placement.

The original Form 2269A is filed in the child’s case record, with a copy provided to the Foster Care Worker for matching, and a copy to the foster parents.

The copies are destroyed when an updated version is created or when the child’s case closes.

FORM COMPLETION:

Enter all the identifying information. Using the back of the form for more detailed information. Check all boxes that apply.

RETENTION:

Form 2269A is retained in the case record or file.