

PLACEMENT INFORMATION FOR FOSTER PARENTS

Complete as information becomes available

BASIC CHILD/FAMILY INFORMATION	Date												
Legal Name of Child:													
Also known as:													
Date of Placement:													
Birth Date:													
Doctor's Name & Telephone:													
Mental Health Clinician:													
Other professionals:													
Medications:													
Allergies/Dietary Restrictions:													
Physical Limitations/Health Concerns:													
Parents' Names:													
Address:													
Telephone:													
Siblings: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">Name</th> <th style="text-align: left; width: 15%;">Age</th> <th style="text-align: left; width: 52%;">Location</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Age	Location	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Name	Age	Location											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
Instructions re: Family Contact (Who? How? When? Where? Who arranges transport? Who arranges contact?)													
Social Worker: Office: _____ Phone: _____													

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SAFETY	
Child requires protection from contact with any person?	
Child at risk to self or others? Explain.	
Level of supervision required. Caution or restrictions?	
Sleeping arrangements:	
Family history information provided:	
BEHAVIOURS	
Drugs/alcohol/smoking/other substance use:	
Mental health concerns:	
Criminal history:	
Sexualized behaviour:	
Sexually active:	
ADHD/FASD/ODD:	
Developmental Delay:	
History of stealing:	
History of aggression:	
History of allegations - Were allegations investigated? Result?	
Procedure to follow if child is lost, goes missing or runs away, or if child suffers a personal injury or is at serious risk of harm. History?	
Other behaviours/habits/safety risks:	

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PLANNING	
Child's legal status:	
Reason for placement:	
What is the plan for the child? Length of placement?	
Expectations of the caregiver in supporting the plan	
Child's understanding of the reason for placement and plan:	
Child's previous placement experiences:	
MAINTAINING CONTINUITY	
School:	
Grade: _____ Teacher: _____	
School notified of child's placement?	
Day Care/Day Program:	
Contact name & phone number:	
Day Care/Day Program notified of child's placement?	
Contact with extended family, friends and community members:	
Cultural & ethnic heritage, spiritual beliefs & identity, and related activities:	
Sports/ Recreational activities:	
Therapeutic activities:	
Instructions re medical and dental care:	
Scheduled appointments (medical, court, etc.)	
Clothing grant: Yes / No Are the child's clothes adequate/appropriate:	

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Daily Care (meal time & bedtime routines, sleeping habits, food preferences, etc.)	
Transportation arrangements:	
Support services to be provided to foster home:	
Expectations of social worker re reporting and documentation:	
Contract and financial arrangements:	
Child & social worker understand house rules:	
COMPLETED DOCUMENT INFORMATION	
provided by Social Worker	
Note: Foster Parents should keep copy of any documentation they are required to sign	
Complete referral document:	
Snapshot Document (if applicable):	
Copy of Voluntary/Special Needs Agreement:	
Immunization records:	
Pink Medical Form:	
Health Care Passport:	
Rights of Children in Care booklet:	
Consents for school activities:	
Copy of Plan of Care*:	
Life Book*:	
<i>*if child was previously in care</i>	
MEETINGS – in Foster Home	
Within 7 days	
Date: _____	Time: _____
Within 30 days	
Date: _____	Time: _____

Obtain photo of child for identification purposes

height	weight	eye colour	hair colour
scars, tattoos, piercings, or other unique identifiers			