

Placement Information Form

This form is to be used only for Emergency Placements: after 5:00 P.M., weekends, and holidays.

DHS Case #	Case Name	Assigned CWO* Worker's Name	Cell #	Supervisor's Name	Supervisor's Cell #
------------	-----------	-----------------------------	--------	-------------------	---------------------

*CWO Worker refers to DHS Investigation Workers, DHS On-going Services Workers, DHS Adoption Workers, or CUA Case Managers.

Child or Youth Requiring Placement

First Name	Last Name	Suffix	Age	DOB	Gender	Gender Identity
Does the child or youth speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If NO, In which language does the child or youth communicate?						
Indicate any cultural considerations that need to be met and the child's or youth's strengths:						
Reason for current placement (please specify):						
Have kin been explored? <input type="checkbox"/> YES <input type="checkbox"/> NO			If kin has been identified, provide contact information:			
Is there a sibling already in placement? <input type="checkbox"/> YES <input type="checkbox"/> NO						

Placement Considerations

Can child or youth be placed with other children or youth? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Specify if there are any known age or gender restrictions.	
If known, list any prescribed medication.	
Is any prescribed medication with child or youth? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO, why not?	
Any known medical issues, diagnosis, and allergies other than the above information? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate what:	
Any known medical or behavioral health appointments within 48 hours? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, indicate where, when, and with whom:	
Any known issues with self-care? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, indicate concerns:	
Any known behavioral health issues? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the child or youth in treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where:	
Any known psychiatric or hospital treatment or admission in last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where:	
Does child or youth have a history of walking away from home or placement in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Any known suicide attempts or gestures in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate when:	
Any known assaultive behaviors in last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate what:	
Any known fire setting behaviors in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate when:	
Any known animal abuse in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the nature of the abuse:	
Any known sexual acting out behaviors? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where, when, or both:	
If known, is the child or youth a victim of human trafficking? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Any pertinent information regarding the child or youth not already noted:	
Name of school child or youth attends: Address:	Grade: _____ Special Education? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate type:
Does child or youth need assistance getting to school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, explain:	
Does child attend daycare or early intervention? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where:	
CUA agency assigned:	
Worker completing form:	Worker's cell phone number: _____
	Worker's email address: _____
CUA On-call Director's name:	CUA On-Call Director's cell number: _____
	CUA On-Call Director's email address: _____
DHS On-call Director's name:	On-Call Director's cell number: _____
	DHS On-Call Director's email address: _____

Use the form below for each additional child or youth requiring placement.

Child or Youth Requiring Placement						
First Name	Last Name	Suffix	Age	DOB	Gender	Gender Identity
Does the child or youth speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, In which language does the child or youth communicate?						
Indicate any cultural considerations that need to be met and the child's or youth's strengths:						
Reason for current placement (please specify):						
Have kin been explored? <input type="checkbox"/> YES <input type="checkbox"/> NO		If kin has been identified, provide contact information:				
Is there a sibling already in placement? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Placement Considerations						
Can child or youth be placed with other children or youth? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Specify if there are any known age or gender restrictions.						
If known, list any prescribed medication. Is any prescribed medication with child or youth? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why not?						
Any known medical issues, diagnosis, and allergies other than the above information? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate what:						
Any known medical or behavioral health appointments within 48 hours? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where, when, and with whom:						
Any known issues with self-care? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate concerns:						
Any known behavioral health issues? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the child or youth in treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where:						
Any known psychiatric or hospital treatment or admission in last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where:						
Does child or youth have a history of walking away from home or placement in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Any known suicide attempts or gestures in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate when:						
Any known assaultive behaviors in last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate what:						
Any known fire setting behaviors in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate when:						
Any known animal abuse in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the nature of the abuse:						
Any known sexual acting out behaviors? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate where, when, or both:						
If known, is the child or youth a victim of human trafficking? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Any pertinent information regarding the child or youth not already noted:						
Name of school child or youth attends: Address:				Grade: _____ Special Education? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate type:		
Does child attend daycare or early intervention? <input type="checkbox"/> YES <input type="checkbox"/> NO				If YES, indicate where:		
Does child or youth need assistance getting to school? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain:						