#

# Application for Placement

**Purpose:** Use this form to provide information to the placement team and prospective caregivers about a child. Use when the child is in need of a placement.

**Directions:** The caseworker completes all applicable sections, attaches any documentation provided by the family or caregiver, and sends the completed form to the Regional Placement Team along with all other required placement documents.

Section 1: Caseworker Information

Section 2: Child’s Information

Section 3: Trauma History

Section 4: Trafficking History

Section 5: Health Care Summary

Section 6: Substance Use or Abuse

Section 7: Youth who are Pregnant or Parenting

Section 8: Risk Behavior

Section 9: Sexualized Behavior

Section 10: Education

Section 11: Preparation for Adult Living (PAL) – Transition Planning for a Successful Adulthood

Section 12: Juvenile Justice Involvement

Section 13: Family History

Section 14: Placement History

| SECTION 1: CASEWORKER INFORMATION  |
| --- |
| DFPS Caseworker:       | Unit:      | Phone and Email:      |
| DFPS Supervisor:       | Phone and Email:      |

| SECTION 2: CHILD’S INFORMATION  |
| --- |
| Full name:      | Date of Birth:      | IMPACT Person ID:      | Gender:      | Gender Identification if different:      |
| Country of Citizenship:      | Ethnicity:      | Race:      |
| Primary Language Spoken:      | Other Languages Spoken:      | Height:      | Weight:      |
| Child’s intelligence quotient (IQ) Scores if available and current:      |
| Date of Testing:      |
| IQ Testing Instrument Used:      | Full scale:      | Verbal:      | Performance:      |
| Religious Preference:      | Child’s Legal County of Residence before Removal:      | Address the child was removed from:      |
| Child’s Permanency Plan:      Family Reunification   Alt Family: Relative/Fictive Kin, Adoption   Alt Family: Relative/Fictive Kin, Conservatorship   Alt Family: Unrelated, Adoption   Alt Family: Unrelated, Conservatorship |    APPLA: Foster Family, DFPS Conservatorship   APPLA: Other Family, DFPS Conservatorship   APPLA: Independent Living   APPLA: Community Care |
| Child’s Legal Status:      Temporary Managing Conservatorship (TMC).   Permanent Managing Conservatorship (PMC).   Joint Temporary Managing Conservatorship (JMC) between CPS and parent.   Under the Care, Custody, and Control of:          DFPS Responsibility Terminated. |
| Does the child have sexually aggressive behaviors?    Yes    No If yes, complete Section 9: Sexualized Behavior  |
| Child’s or Youth’s Current Location or Placement Address (include city, state, and zip code):      |
| Date the new placement is needed:      |
| Does the child or youth have siblings?    Yes    No  |
| Does the child or youth require specialized programs for pregnant or parenting teens?    Pregnant    Parenting    None; If yes see Section 7: Youth who are Pregnant or Parenting. |
| Current Authorized Level of Care:      | Start Date:      | End Date:      |
| Describe the child or youth’s strengths, interests, and personality. Include information about the child or youth’s culture and important traditions:      |
| What led to the placement referral?       |
| What would you like the child or youth to achieve while in the next placement?      |
| What are the immediate needs that must be met within the first three days of placement (for example, upcoming appointments, infant necessities, or clothing)?      |
| What does the child or youth say he or she wants in a placement? Does the child or youth have any preferences for placement?      |
| Are there any court orders or recommendations from legal parties that should be considered regarding placement?      |
| Describe strategies the next caregiver should use to help the child or youth transition into the placement:      |

| SECTION 3:TRAUMA HISTORY  |
| --- |
| Describe the details of the abuse or neglect that led to the child or youth’s removal from his or her home. Include the role of each parent or perpetrator. Summarize the extent of harm or the substantial risk of harm to the child or youth:      |
| Describe any other abuse or neglect history, if any. Include the role of each parent or perpetrator. Summarize the extent of harm or the substantial risk of harm to the child or youth:      |
| Describe all other traumatic experiences not associated with the abuse and neglect history (for example natural disaster, school violence, or community violence):      |

| SECTION 4: TRAFFICKING HISTORY  |
| --- |
| Is this child or youth a suspected victim of sex trafficking?    Yes    No  |
| Is this child or youth a confirmed victim of sex trafficking?    Yes    No  |
| Is this child or youth a suspected victim of labor trafficking?    Yes    No  |
| Is this child or youth a confirmed victim of labor trafficking?    Yes    No  |
| If the answer to any of the above is yes, address the specific services and supports needed to assist this child or youth:      |

| SECTION 5: HEALTH CARE SUMMARY  |
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| **MEDICAL INFORMATION** |
| Date of last Texas Health Steps Medical Exam:      | Date of last Texas Health Steps Dental Exam:      | Date of last Tuberculosis (TB) test:       |
| List any known allergies:      |
| List all medication reactions:       |
| List any additional medications in the table below:  |
| Medication Name | Dosage | Frequency | Date Prescribed | Treating Condition |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| Are immunizations current?    Yes    No    Unknown |
| Is the youth his or her own medical consenter?    Yes    No  |
| **PHYSCIAL HEALTH** |
| Describe all diagnosed or suspected physical health conditions:      |
| Identify all medical specialists the child or youth sees and describe the condition the specialist is treating. List all required follow-up, and pending appointments:      |
| Describe the child or youth’s developmental history and current level of functioning:      |
| If the child is under the age of 3, has the child received Early Childhood Intervention (ECI) services?   Yes    No    Unknown |
| If the child has received ECI services, please list the diagnosis and all services provided in the table below: |
| Agency Providing Services: | Type of Therapy: | Start Date: | Frequency: |
|       |    OT    PT    ST   Other       |       |       |
|       |    OT    PT    ST   Other       |       |       |
|       |    OT    PT    ST   Other       |       |       |
|       |    OT    PT    ST   Other       |       |       |
|       |    OT    PT    ST   Other       |       |       |
|       |    OT    PT    ST   Other       |       |       |
| List any additional services:      |
| Is there a history of enuresis (loss of bladder control) in the last 90 days?    Yes    No;If yes, describe:       |
| Is there a history of encopresis (loss of bowel control) in the last 90 days?    Yes    No;If yes, describe:       |
| **PRIMARY MEDICAL NEEDS** |
| Does the child or youth have Primary Medical Needs (PMN)?    Yes    No If yes, complete the following section. |
| Diagnosis and required treatment:      |
| List all medical specialists and contact information for each specialist:      |
| What is the name of the primary treating hospital?      | What is the hospital address and phone number?      |
| Number of authorized nursing hours:      | Names of all home health agencies, address, and phone number:      |
| Does the child or youth require any Durable Medical Equipment (DME)?    Yes    No If yes, list DME supplies:      |
| Does the child or youth need to be transported by ambulance?    Yes    No  |
| Is there a Do Not Resuscitate (DNR) order or form on file?    Yes    No  |
| Is the child or youth deaf or hard of hearing?    Yes    No  |
| How does the child or youth communicate (for example sign language or communication board)?       |
| Is the child or youth blind or visually impaired?    Yes    No If yes, list any needed support services:      |
| **BEHAVIORAL HEALTH** |
| Describe the child or youth’s emotional strengths and needs:      |
| Describe the child’s or youth’s trauma triggers and how they are managed:      |
| Describe the therapist impressions and diagnosis:       |
| Describe all mental health or behavioral health services the child needs or currently receives, such as individual therapy, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), play therapy, or family therapy. Include the name and contact information for each provider.      |
| Has the child or youth had a Child and Adolescent Needs and Strengths (CANS) assessment?    Yes    No; If yes date of CAN Assessment:            |
| List all recommendations from the CANS:      |
| Date of psychological evaluation (if applicable):      | Date of psychiatric evaluation (if applicable):      |
| Current Diagnosis:      |
| Did the child or youth experience any mental health crisis in the last six months?    Yes    No  |
| If yes, describe the circumstances and what interventions were used to prevent hospitalization or aided in de-escalation:      |
| Has the child or youth ever been hospitalized in a psychiatric hospital?    Yes    No  |
| Date of Hospitalization | Length of Hospitalization | Behaviors for which the child or youth was admitted: |
|       |       |       |
|       |       |       |
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| List any additional hospital stays:      |

| SECTION 6: SUBSTANCE USE OR ABUSE   |
| --- |
| Does the child or youth have a history of substance use or abuse?    Yes    No    Unknown |
| Substance | Yes | No | Unknown | Age at First Use | Frequency of Use | Approximate Date of Last Use |
| Alcohol |    |    |    |       |       |       |
| Marijuana |    |    |    |       |       |       |
| Inhalants |    |    |    |       |       |       |
| Cocaine or Crack |    |    |    |       |       |       |
| Heroin |    |    |    |       |       |       |
| Methamphetamines |    |    |    |       |       |       |
| Ecstasy |    |    |    |       |       |       |
| Opioids |    |    |    |       |       |       |
| Prescription Drugs |    |    |    |       |       |       |
| List any additional drugs the child or youth has used. Include the age that the child or youth started using the drug, the frequency of use, and the approximate date of last use:      |
| Describe the child or youth’s history of substance use, abuse, manufacturing, possession, or delivery. Include any known triggers for the child or youth’s drug or alcohol use:      |
| Has the child or youth had a formal substance abuse assessment such as the Substance Abuse Subtle Screening Inventory (SASSI)?    Yes    No    Unknown;If yes, attach. |
| If yes, what type of program does the child or youth need?      |
| List all substance abuse programs or services offered to the child or youth.  |
| Treatment Provider (*Example: Austin Recovery*) | Start Date: | End Date: | Type of Program: | Was Treatment Court Ordered  | Successfully completed, unsuccessfully discharged, unauthorized departure |
|       |       |       |       |    Yes    No |       |
|       |       |       |       |    Yes    No |       |
|       |       |       |       |    Yes    No |       |
|       |       |       |       |    Yes    No |       |
|       |       |       |       |    Yes    No |       |
|       |       |       |       |    Yes    No |       |
|       |       |       |       |    Yes    No |       |
|  |

| SECTION 7: YOUTH WHO ARE PREGNANT OR PARENTING  |
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| If the youth is currently pregnant, when is the baby due?       |
| If the youth is currently pregnant, what is the plan for the baby?       |
| If the youth is currently a parent, where does the youth’s child or children reside?       |
| Describe the youth’s role in parenting:      |

| SECTION 8: RISK BEHAVIOR  |
| --- |
| **SELF HARM or SUICIDE HISTORY** |
| Does the child or youth have a history of self-harming behavior?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:      |
| Does the child or youth have a history of suicidal ideations or attempts?    Yes    No  |
| If yes, describe the details of what happened, any known triggers to the behavior, and when it happened:      |
| **HISTORY OF BULLYING OR AGGRESSIVE BEHAVIOR** |
| Does the child or youth have a history of bullying others?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:      |
| In what settings does this behavior typically occur?   Home    School    After School Care    Neighborhood    Other:       |
| Has the child or youth ever engaged in physical aggression to another person (such as punching biting, or choking)?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:       |
| Describe any identifiable patterns or triggers to this behavior:      |
| **RUNAWAY HISTORY** |
| Does the child or youth have a history of running away?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:      |
| Date of last episode:      |
| Describe details common to the runway episodes, such as the average length of time the child or youth is gone, where the child or youth typically goes during a runaway episode, drug use, or sexual activity:      |
| Did the child or youth return voluntarily after running away?    Yes    No  |
| If no, was the child or youth brought back by:   Facility Staff   CPS Staff   Local Law Enforcement |    TJJD Staff   Justices of the Peace and Constables Association (JPCA) Staff   International Court of Justice (ICJ) Staff   Other:       |
| **OTHER SIGNIFICANT PROBLEMS AND OR BEHAVIORS** |
| Does the child or youth have a history of setting fires?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:      |
| Does the child or youth have a history of cruelty to animals?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:      |
| Does the child or youth have other significant problems or behaviors?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:      |

| SECTION 9: SEXUALIZED BEHAVIOR  |
| --- |
| Does the child or youth have sexually aggressive behavior?    Yes    No  |
| Episode Start Date:      |
| Incident Descriptions:      |
| Describe any notable precursors, patterns, or tell-tale signs of sexual aggression:      |
| Describe any specialized treatment the child or youth has received for sexual aggression:      |
| Does the child or youth have any problematic sexual behavior other than aggression?    Yes    No  |
| If yes, describe the behavior, when it happened, and how it was managed:       |
| Is youth a registered sex offender?    Yes    No  | Are there any court ordered stipulations?    Yes    No  |
| If yes to either question, describe:      |

| SECTION 10: EDUCATION  |
| --- |
| Name of school:      |
| Address (include city and state):      |
| Date Withdrawn:      | Contact Name:      | Contact Phone:      | Contact Email:      |
| Current Grade:      | On grade level:      |
| Extracurricular activities (current or prior):      |
| Name of previous school if different from current school:      | Previous school contact:      |
| Previous School Address (include city and state):      |
| Educational Services to Date:      Regular Class   Self-Contained Classes   Vocational Courses   Special Education   Self-Paced Courses   Bilingual or English as a Second Language (ESL)   Special Transportation  |    Counseling Services   Disciplinary Alternative Education Program (DAEP0 or Juvenile Justice Alternative Education Program (JJAEP)   504 Modifications (to meet special needs)   Gifted & Talented programs   Credit Recovery Program (making up lost credit hours)   Advanced Placement   Other       |
| Currently enrolled in school?    Yes    No  |
| History of Truancy:    Yes    No    Unknown |
| Describe:      |
| High School Diploma:    Yes    No; If yes, date completed:            |
| GED:    Yes    No; If yes, date completed:            |
| If no, GED subtests passed:    Writing    Reading    Science    Math    Social Studies    None |
| Date of last Admission, Review, or Dismissal (ARD):      |
| Describe the child or youth’s educational strengths, such as favorite subjects or interest in the arts or sports:      |
| Describe any additional educational needs:       |

| SECTION 11: PREPARATION FOR ADULT LIVING (PAL) – TRANSITION PLANNING FOR A SUCCESSFUL ADULTHOOD  |
| --- |
| Describe Life Skills, Strengths, Needs and Progress:      |
| Has the youth completed a Life Skills Assessment?    Yes    No  |
| Has the youth completed PAL Life Skills Training?    Yes    No    Unknown  |
| Name and contact information for youth’s regional PAL staff:      |
| Has the child or youth had a Circles of Support?    Yes    No  |
| Extended Foster Care Options (beginning at age 17). Describe any discussions or plans the youth has once they turn 18 if they are still in foster care (including Supervised Independent Living):      |

| SECTION 12: JUVENILE JUSTICE INVOLVEMENT  |
| --- |
| Does this child or youth have any history or current juvenile justice involvement?    Yes    No  |
| Name of current probation or parole officer:      | Address (include city, county, and state):      |
| Contact Phone:      | Contact Email:      | Date of next probation hearing or other pending court appearance:      | Pending probation fines:      |
| Describe all requirement that must be fulfilled or required by the court:       |
| List all arrests or convictions. Describe when and what happened:      |
| Describe the child or youth’s action or role in all legal arrests or convictions:      |
| Does the child or youth have a gang affiliation?    Yes    NoIf yes, what is the name of the gang?       |

| SECTION 13: FAMILY HISTORY |
| --- |
| Name:       | Relationship:      | DOB:      | DOD:      | Phone Number:      |
| Address:      |
| Primary Language of the Relative:      | Currently Involved with the child?   Yes    No |
| Name:       | Relationship:      | DOB:      | DOD:      | Phone Number:      |
| Address:      |
| Primary Language of the Relative:      | Currently Involved with the child?   Yes    No |
| Name:       | Relationship:      | DOB:      | DOD:      | Phone Number:      |
| Address:      |
| Primary Language of the Relative:      | Currently Involved with the child?   Yes    No |
| Siblings | In DFPS Care | DOB | Address: |
|       |    Yes    No |       |       |
|       |    Yes    No |       |       |
|       |    Yes    No |       |       |
|       |    Yes    No |       |       |
|       |    Yes    No |       |       |
|       |    Yes    No |       |       |
|       |    Yes    No |       |       |
| Other Significant Relationships | Relationship/Role | Location |
|       |       |       |
|       |       |       |
|       |       |       |
| Is the family a support and strength for the child or youth?      |
| Briefly describe any family relationships that would be considered strained or harmful:      |
| Describe the plan for visitation and contacts with the family in the table below:  |
| Participant | Relationship | Length of visit | Visit Frequency | Day and Time | Location |
|       |       |       |       |       |       |
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| SECTION 14: PLACEMENT HISTORY  |
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| Has the child or youth previously been placed outside of the home?    Yes    No    Unknown |
| If yes, number of previous out-of-home placements:      |
| Has the child or youth been previously adopted domestically?    Yes    No    Unable to determine |
| Where was the adoption consummated?      |
| Has anyone besides the parents previously had legal custody of the child or youth?    Yes    No    Unable to determine |
| Placement Log |
| Placement Name: | Placement Type: | Start Date: | End Date: |
|       |       |       |       |
|       |       |       |       |
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