



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: <input type="checkbox"/> Family Reunification <input type="checkbox"/> Alt Family: Relative/Fictive Kin, Adoption <input type="checkbox"/> Alt Family: Relative/Fictive Kin, Conservatorship <input type="checkbox"/> Alt Family: Unrelated, Adoption <input type="checkbox"/> Alt Family: Unrelated, Conservatorship		<input type="checkbox"/> APPLA: Foster Family, DFPS Conservatorship <input type="checkbox"/> APPLA: Other Family, DFPS Conservatorship <input type="checkbox"/> APPLA: Independent Living <input type="checkbox"/> APPLA: Community Care
Child's Legal Status: <input type="checkbox"/> Temporary Managing Conservatorship (TMC). <input type="checkbox"/> Permanent Managing Conservatorship (PMC). <input type="checkbox"/> Joint Temporary Managing Conservatorship (JMC) between CPS and parent. <input type="checkbox"/> Under the Care, Custody, and Control of: <input type="checkbox"/> DFPS Responsibility Terminated.		
Does the child have sexually aggressive behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the child or youth require specialized programs for pregnant or parenting teens? <input type="checkbox"/> Pregnant <input type="checkbox"/> Parenting <input type="checkbox"/> 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

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



Are immunizations current? Yes No Unknown

Is the youth his or her own medical consentor? Yes No

PHYSICAL 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:
	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Other		
	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Other		
	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Other		
	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Other		
	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Other		
	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list DME supplies:	
Does the child or youth need to be transported by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a Do Not Resuscitate (DNR) order or form on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the child or youth deaf or hard of hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does the child or youth communicate (for example sign language or communication board)?	
Is the child or youth blind or visually impaired? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine or Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 7: YOUTH WHO ARE PREGNANT OR PARENTING

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 runaway 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe the behavior, when it happened, and how it was managed:	
Is youth a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any court ordered stipulations? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Regular Class <input type="checkbox"/> Self-Contained Classes <input type="checkbox"/> Vocational Courses <input type="checkbox"/> Special Education <input type="checkbox"/> Self-Paced Courses <input type="checkbox"/> Bilingual or English as a Second Language (ESL) <input type="checkbox"/> Special Transportation		<input type="checkbox"/> Counseling Services <input type="checkbox"/> Disciplinary Alternative Education Program (DAEP) or Juvenile Justice Alternative Education Program (JJAEP) <input type="checkbox"/> 504 Modifications (to meet special needs) <input type="checkbox"/> Gifted & Talented programs <input type="checkbox"/> Credit Recovery Program (making up lost credit hours) <input type="checkbox"/> Advanced Placement <input type="checkbox"/> Other	
Currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
History of Truancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Describe:			
High School Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, date completed:			
GED: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, date completed:			
If no, GED subtests passed: <input type="checkbox"/> Writing <input type="checkbox"/> Reading <input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the youth completed PAL Life Skills Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Name and contact information for youth's regional PAL staff:
Has the child or youth had a Circles of Support? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Relationship:	DOB:	DOD:	Phone Number:
Address:				
Primary Language of the Relative:			Currently Involved with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Relationship:	DOB:	DOD:	Phone Number:
Address:				
Primary Language of the Relative:			Currently Involved with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Siblings	In DFPS Care	DOB	Address:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			



	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> 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

SECTION 14: PLACEMENT HISTORY

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:



SECTION 15: ACKNOWLEDGMENT

By signing this form, DFPS and the CPS or CPI caseworker who signs verify that the information about the child described in this form and the written information attached to the form contain as much of the information required by 40 TAC §720.913 as is available to the caseworker, parent, or guardian at this time.

CPS or CPI Caseworker:

X

Date Signed: