 **Placement Intake Screening**

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|  | If Urgent check here |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date (yyyy/mm/dd) | Time | Worksite Number   Worksite Name | Unit/Caseload |
|  |  |  |  |
| Caseworker Name | Phone No and/or Cell No / Pager No |
|  |  |
| Caseworker Name (Back-up) | Phone No |
|  |  |
| **INFORMATION REGARDING CHILD(REN)** |
|  |  |  |
| Child(ren)’s surname | Current Placement | Neighbourhood |
|  |  |  |
| First Name | Gender | CYIM ID # | Birthdate (yyyy/mm/dd) | Ethnic Origin | Legal Authority/ Expiry Status | School | Attending |
|  |  |  |  |  |  |  |  |
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| **PLACEMENT INFORMATION** |
|  |  |  |
| Placement Committee Pending |  |  |
|  |  |  |
| Placement Guide Score |  |  |
|  |  |  |
| Level 1 |  | Level 2 |  | Specialized |  | Unknown |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| When placement needed: |
|  |  |  |  |  |  |  |  |  |  |
| Preferred Placement |  |  |  |  |
|  |  |  |  |  |  |
| Is previous placement appropriate? |  | Preferred placement:   |
|  |  |
|  |  |  |  |  |  |
| Current Case Plan:  |
|  |  |  |  |  |  |

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| **CIRCUMSTANCES THAT BROUGHT CHILD INTO CARE – SPECIAL NEEDS OR BEHAVIORS** |
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| **SPECIAL CONDITIONS** |
| Special Conditions (e.g. do they need out of town placement, do child(ren) need separate rooms, do child(ren) need to stay together, etc.) |

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| **HISTORY OF CHILD(REN)** |
|  | Y/N |  |  |  | Y/N |  |  |  |  | Y/N |  |  |
| Alcohol/Drug Use |  |  |  | Enuresis/Encopresis |  |  |  | Prostitution |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Allergies |  |  |  | Family Contact |  |  |  | Sexual Acting Out |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| AWOL Risk |  |  |  | FAS/FAE |  |  |  | Verbal Aggression |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Depression |  |  |  | Fire Starter |  |  |  | Y.O.A. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Diapers |  |  |  | Meds |  |  |  | Other |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Diagnosis |  |  |  | Physical Aggression |  |  |  |  |  |  |  |  |  |
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| **FOR OFFICE USE ONLY** |
| TEMP (Receiving) | Permanent |
|  |  |
| Placement Inquiries |
| Date (yyyy/mm/dd) | Placement | Support Worker/Agency | Outcome |
|  |  |  |  |
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