 **Placement Intake Screening**

|  |  |  |
| --- | --- | --- |
|  | 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 |
|  |  | |  | |  | |  |  | | |  | |  |
|  |  | |  | |  | |  |  | | |  | |  |
|  |  | |  | |  | |  |  | | |  | |  |
|  |  | |  | |  | |  |  | | |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | | | | |
|  | | | | | |  |  | | | |  | |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CIRCUMSTANCES THAT BROUGHT CHILD INTO CARE – SPECIAL NEEDS OR BEHAVIORS** | | | | | |
|  |  |  |  |  |  |

|  |
| --- |
| **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.) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | |
| TEMP (Receiving) | | | Permanent | |
|  | | |  | |
| Placement Inquiries | | | | |
| Date (yyyy/mm/dd) | Placement | Support Worker/Agency | | Outcome |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |