



CHILD/TEEN REFERRAL

Name of person completing form: _____ Date: _____

Phone: _____ Cell: _____

Child's social worker: _____ Phone: _____

Email: _____

Supervisor: _____ Phone: _____

CFSA Adoption Recruiter: _____ Phone: _____

GAL: _____ Phone: _____

Judge: _____

1. Child's name: _____

2. Date of birth: _____ Medicaid #: _____

3. Ethnicity: _____

4. Current grade: _____ & name of school: _____

5. Is this child in a foster home? group home? residential facility?

Name and location: _____

Phone #: _____

Name of foster parent or facility contact:

Name of agency (if relevant):

6. Please use three words that best describe this child:

a. _____ c. _____

b. _____

7. What activities/sports/hobbies does the child enjoy?

8. Is the child religious? yes no If yes, what denomination? _____

9. What are the child's character strengths?

10. Please provide information about families that would be best for this child, both what the agency thinks is best and what the child says he or she wants.

11. Please provide information about family structures not appropriate for this child.

Young children in the home

Any siblings

Single mom

Single dad

Other; PLEASE EXPLAIN:

12. Does the child need special accommodations? (food/pet allergies, vegetarian diet, etc.)

13. Does this child have siblings? yes no

If yes- how many? What ages? Where do they live? Is the child in touch with them? Does the child wish to remain in contact with them? Have any of them been adopted? Is the child able to be adopted on his/her own?

14. Does this child have a relationship with anyone else that he/she wants to maintain? yes no
If yes, who? Please give details.

15. Date of entry into foster care: _____ Number of placements to date: _____

16. Has child had any prior foster care stays? yes no
If yes, please give dates:

17. What is child's permanency plan goal?

18. Are parental rights terminated? yes no

19. If yes, date of termination: _____ If no, has TPR been filed: yes no

20. Will TPR be filed before adoptive family is identified? yes no

21. Is there a waiver for recruitment for the child? yes no
If yes, are there any restrictions or conditions included in the waiver? If so, please explain:

Please provide copies of waiver and/or court orders relevant to recruitment or placement.

22. Has the child had any disrupted adoptions? yes no
If yes, please explain:

23. Please describe work that has been done with child in preparation for possible adoption.

24. What are the child's current feelings about adoption?

definitely want to be adopted possibly interested

Please elaborate:

25. Does the child have a mentor? yes no

If yes, please give name of mentor:

Mentoring Agency:

26. Please comment on the child's general physical health. Any concerns? Please explain.

27. Please comment on the child's general mental health. Any concerns? Please explain.

28. Does the child take any medications? yes no

If yes, please give names of medications and diagnoses (or attach evaluation)

29. Is there anything about this child that you would like to add?

30. Please provide information on the child's behaviors.

Child's Behavior and Emotions	Always	Sometimes	Rarely	Never
Respects adult authority				
Understands right from wrong				
Kind towards others				
Aggressive towards peers				
Aggressive towards adults				
Aggressive towards younger children				
Aggressive towards animals				
Destructive of property				
Steals				
Fire setting/Plays with fire				
Suicidal thoughts				
Suicide attempts				
Sleep difficulties				
Bedwetting (night)				
Able to handle frustration				
Overactive				
Uses alcohol or drugs				
Has tantrums or angry outbursts				
Poor impulse control				
Lies				

31. Please provide information on the child's relationships.

Relationship with Others	Outstanding	Good	Fair	Poor
Relationship with peers				
Relationship with adults				
Ability to make and keep friends				
Relationships with foster family/caregivers				

32. Please provide information on the child's development.

Development	Age Appropriate	Delayed	How much? (months or years)
Physical growth			
Self-care skills			
Social Skills			
Cognitive/Learning			
Speech and Language			

33. Please provide information about the child's family history.

Family History	Yes	No	Don't Know
Family Violence			
Alcohol or Drug Abuse			
Psychiatric History			
Mental Retardation			
Abandonment of Child			
Physical Abuse of Child			
Sexual Abuse of Child			
Neglect of Child			

THANK YOU for taking the time to complete this questionnaire.
Your answers will help Family & Youth Initiative better serve this child.