

AMHERST H. WILDER FOUNDATION

Foster Care

919 Lafond Avenue

St. Paul, MN 55104

Phone: 651-642-4008 FAX: 651-642-4027

REFERRAL FORM

Child's Name: _____ **DOB/Age:** _____ **Date:** _____

Sex: ____ **Race/Ethnicity:** _____ **Placement Status:** ____ **Court Ordered** ____ **Voluntary**

Plan: ____ **Reunify** ____ **LTFC** ____ **Adoption LOS?** _____ ____ **Respite Only** ____ **Respite & Poss. Placement.**

Referring Worker: _____ **County/Wilder Program:** _____

Phone: _____ **e-mail:** _____

Child Descriptors

Behavior

Past: **Current:**

<input type="checkbox"/>	<input type="checkbox"/>	Verbally Aggressive
<input type="checkbox"/>	<input type="checkbox"/>	Assaultive
<input type="checkbox"/>	<input type="checkbox"/>	Frequent Runner
<input type="checkbox"/>	<input type="checkbox"/>	Depressed
<input type="checkbox"/>	<input type="checkbox"/>	Destructive
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Fire Setter
<input type="checkbox"/>	<input type="checkbox"/>	Hyperactive
<input type="checkbox"/>	<input type="checkbox"/>	Impulsive-Explosive
<input type="checkbox"/>	<input type="checkbox"/>	Passive-Aggressive
<input type="checkbox"/>	<input type="checkbox"/>	Self Destructive
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution

Past: **Current:**

<input type="checkbox"/>	<input type="checkbox"/>	Vulnerable to Sex Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Perpetrator
<input type="checkbox"/>	<input type="checkbox"/>	Social Immaturity
<input type="checkbox"/>	<input type="checkbox"/>	Suicidal
<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis ?
<input type="checkbox"/>	<input type="checkbox"/>	Sleep Disturbance

Victim of Abuse/Neglect

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emotional Abuse/Neglect
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Abuse
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Neglect
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sexual Abuse

Presenting Profile

- Strengths

- Challenges

- Diagnosis

- Special Needs

- Child's reaction to the idea of foster care placement

- Child's relationship with family members

Family

Will family members be involved in this child's life? ___ No ___ Yes (Who? _____)

___ TPR ___ Phone Contact (Frequency: _____) ___ Visits (Frequency: _____)

- Parent(s) reaction to the idea of foster care placement
- Parental chemical or mental health issues

Healthcare

- Current health status: ___ Healthy ___ Treatment needed for:
- Meds/Reasons for meds

School

Grade Level: _____ Last School: _____ IEP? ___ Yes ___ No

- Academic performance
- School behavior

Community

- Other agencies/professionals involved
- Therapy: ___ No ___ Yes (Therapist: _____ Location: _____
Frequency: _____ FH Transport? ___ Yes ___ No)
- Other transportation required for foster parents

Placement History**Other Considerations/Recommendations**

- Culture
- Characteristics of Foster Parents/Family that would work best with this child
- DOC Rating (if applicable): _____pts.

For RTC Respite Only

- What is the desired outcome for this respite placement?
- What level of supervision is required?