

## DAN FOX FAMILY CARE PROGRAM

### Therapeutic Foster Care Referral

Please submit this application and any additional documents (including a release of information for all team members, evaluations, and other pertinent information) to **Kelsey Ashmore** via fax (543-0356) or email [kashmore@youthhomesmt.org](mailto:kashmore@youthhomesmt.org). Once we receive this information, we will contact you and other members of the team to ask additional information as needed. We review referrals every other Monday. **If you have any questions, please call Kelsey Ashmore at 541-1663.**

Child Name:  
 Date of Birth:  
 Social Security Number:  
 Sex:  
 Race:

What is the child's current placement?  
 Phone number:  
 Address:  
 Placement date:  
 Discharge date:  
 Birth mother:  
 Current living situation and contact information:  
 Birth father:  
 Current living situation and contact information:  
 Other parental figure:  
 Current living situation and contact information:  
 Have parents' rights been terminated?  
 Siblings (names, ages and placements):

Person making referral:	Position:
Phone number:	
Legal guardian (name and contact information):	
Therapist (name and contact information):	
Other team members:	
Does the child need to be adopted?	
Healthy Montana Kids or Healthy Montana Kids Plus (Medicaid) number:	
Who will pay for room and board?	

Current school:  
 Grade:  
 Special needs (IEP, CSCT, etc.):  
 Summary of school functioning:

Diagnosis (Not required for children under six):

Previous placements (including dates and reason for discharge):

Issues in family of origin:

Description of disruptive or detrimental behaviors:

Therapeutic progress in current placement:

Reason for referral:

Why is therapeutic foster care the most appropriate level of care?

Discharge plan including anticipated length of stay in therapeutic foster care:

## **DAN FOX FAMILY CARE PROGRAM**

### **Social History**

Child's Name:

Place of Birth:

#### **Family Information**

Please detail the specific needs of the child and his/her family which led to the child's removal from home and need for placement in foster care:

History of removal from parents:

Custody arrangements:

Information about birth mother:

Information about birth father:

Other parents or parental figures:

Current involvement of the child's parent(s) and significant others in his/her care:

Information about siblings (name, age, living situation):

Biological family's strengths:

What are the resources available to the biological family?

What are the goals for the biological family?

Psychiatric and chemical dependency problems in family members:

History of school attendance and performance including names of schools, maladaptive behaviors, suspensions and expulsions:

History of problems in peer relationships:

Delinquent history:

Presenting problems with and for the youth:

Medical history and allergies to medications:

Substance abuse/addiction history:

## Youth's Psychiatric History

Outpatient services accessed:



Inpatient services accessed (dates and facilities):

Psychotropic medication history:

Current medications and doses:

Check all risk factors:

- Domestic violence
- Suicidal ideation
- Victim of child abuse
- Victim of sexual abuse
- Eating disorder
- Evidence of psychosis
- Threat to others
- Other, describe: \_\_\_\_\_

Past

Current

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Please elaborate on "yes" response(s) to risk factors:

## DAN FOX FAMILY CARE PROGRAM Therapeutic Foster Care Case Plan

Child's Name:

Please document which social services were provided to preserve and strengthen the family unit:

What is the projected duration of care?

Please provide initial case goals for the child and family.

GOAL 1: \_\_\_\_\_

GOAL 2: \_\_\_\_\_

GOAL 3: \_\_\_\_\_

GOAL 4: \_\_\_\_\_

**Our program will take the responsibility for carrying out these steps with the family.**

Please describe any visitation plans between the child, parents, and siblings, if appropriate.

Who should be considered a part of the child's treatment team?

## **DAN FOX FAMILY CARE PROGRAM Placement Recommendations**

Child's Name:

The following section gives you the opportunity to give our placement committee some guidance in its efforts to match your child with a placement family. Please describe the type of foster/adoptive family that you feel would best meet this child's placement needs.

Please describe the ideal number and sex of parents in the family with a brief rationale for your choice.

Please describe the ideal number, age range, and sex of siblings in the family with a brief rationale for your choice.

What is the ideal geographic placing area (county/town) for this child and why?

What services does this child need to continue?

What new services would you like this child to access?

Could the child switch individual or family therapists if necessary?

Could the child change schools if necessary?

What type of family situation would be inappropriate for this child? *Please give a brief rationale.*

Do you know of a family that would meet this child's placement needs? *If so, who?*

What do you think is the ideal speed of transition for this child from his/her current placement into therapeutic foster care/pre-adoptive placement and why?

Additional comments: