SUGGESTED PRE-PLACEMENT AND TIME-OF-PLACEMENT QUESTIONS

Below is a list of questions to ask before agreeing to the placement of a child into your home. There will be times and circumstances when a worker has limited information about the child they need to place. When information is available, however, it will help you determine if the child will be a good fit for your family and your parenting abilities. This list can be a helpful resource for obtaining information. You might want to have a copy readily available to refer to when you get a call about a possible placement.

**PRE-PLACEMENT QUESTIONS:**

Child’s Name: ________________________________________________________________

Gender: ___________ Age: ___________ Ethnicity: ________________________________

When would the child need to be placed in my home: _____________________________

Reason for being placed in foster care: _________________________________________

Is this their first placement?  Yes   No

If moving from another foster home, what is the reason? ______________________________

Where are the biological parents living? _________________________________________

What contact will be allowed with the parents? _________________________________

Does the child have siblings?  Yes   No

Names of siblings:                      Where they are living:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

What is the visitation plan with siblings and parents? ___________________________

What services are involved with this child and family? ___________________________

What will be my role in these services? _______________________________________
Will I be expected to provide transportation?  Yes  No

If so, where to and how often? __________________________________________________

What is the child’s legal status? _______________________________________________

Is this a concurrent placement (is our home being considered as a possible adoptive resource for this child)?  Yes  No

How long do you anticipate the child will be with us? _____________________________

Does the child have any medical concerns? _______________________________________

Does the child have any allergies? ______________________________________________

Is the child on medication?  Yes  No

If so, what medication and what was it prescribed for? _____________________________

Does the child see a mental health professional?  Yes  No

If so, who and how often? _____________________________________________________

What are the child’s strengths, interests and activities? _____________________________

___________________________________________________________________________

___________________________________________________________________________

Does the child have behavioral issues or other special needs? _____________________

___________________________________________________________________________

___________________________________________________________________________

Does the child do any of the following?

swear  hit  bite  kick  run away

soil pants  wet bed  set fires  sexually act out  use drugs

destroy property  fight  behave suicidally  instigate trouble  steal

Is the child sexually active?  Yes  No  Are they on birth control?  Yes  No

Are they pregnant?  Yes  No

Has the child been sexually abused by a parent, caregiver or other person?  Yes  No
If yes, please give further information: __________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Has the child made an allegation of abuse against a previous caregiver?  Yes  No

Has the child's parents made an allegation of abuse against a previous caregiver?  Yes  No

Where does the child attend school? __________________________  What grade? _________

Are there any school issues? __________________________

Does the child have a religious preference? __________________________

What are your expectations of me as a foster parent in caring for this child? ______________
_________________________________________________________________________________

Is there anything else I need to know in order to make an informed decision about whether I can parent this child?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

TIME-OF-PLACEMENT QUESTIONS:

Gathering as much of the above information as possible will help you decide if you should accept a particular placement. It's important to remember that you have the right to say no to any placement that you do not feel is a good fit for your family and the children you are currently parenting, if it’s a child who has behaviors you feel unable to cope with, or if it’s just not a good time for you to add another child to your family. If you do agree to the placement, you will also want to obtain the following information at the time of placement or as soon thereafter as it is available.

Child's Full Name: ______________________________  Date of birth: ______________

Child's Worker: _________________________________________________________________________

Worker’s phone: _______________________ Worker’s E-mail: __________________________

What should I do in case of an emergency? ____________________________________________

What’s the after hours number? ________________  On-call number? ________________
Who is the worker’s supervisor? __________________________ Phone: __________________________

Is there anyone the child should not have contact with? ________________________________

Does the child need clothing?  Yes  No  If yes, what size? ________________________________

Is there a clothing allowance available? _____________________________________________

Does the child have a medical card? _____________________________________________

Who is the child’s doctor? ___________________________ Last exam? _______________________

Who is the child’s dentist? ___________________________ Last exam? _______________________

Does the child have any upcoming medical/dental/therapy appointments? _________

Who is the child’s guardian ad-litem / attorney? ______________________________________

When is the next court hearing? ___________________________________________________

If the child will be changing schools, who is responsible for enrolling the child? _________

What is the child’s understand of why he/she is in foster care? ________________

Do you have any suggestions to help the child make a successful transition to our home?

Is there any other information I need to know about this child? ________________________

__________________________________________________________________________________

__________________________________________________________________________________