PLACEMENT PREFERENCES

Foster Home Information

Agency's Name:	NEW BEGINNINGS LIFE CHANGING NETWORK	Agency's Contact Person:	Catherine Robinson
Date Completed:		Initial Evaluation:	☒ Yes ☐ No (Re-Evaluation)
Foster Caregiver's Name:			
Secondary Caregiver's Name: (Spouse Only)			
Foster Caregiver's Address:		Work Phone #: Cell Phone #: Home Phone #:	
Marital Status: ☐ Married Couple ☐ Divorced Female ☐ Divorced Male ☐ Separated Female ☐ Separated Male ☐ Single Female Never MA ☐ Single Male Never MA ☐ Widowed Female ☐ Widowed Male **Date of Current Marriage, if applicable**____ _____		Caregiver's Religion: ☐ Catholic ☐ Protestant ☐ Buddhist ☐ Judaism ☐ Eastern Religion ☐ None ☐ No Preference ☐ Hindu ☐ Jehovah's Witness ☐ Muslim ☐ Other	
Caregiver's Language:	☐ English ☐ French ☐ German ☐ Polish ☐ Sign ☐ Spanish ☐ Vietnamese ☐ Other	Annual Income:	
Pre-Service Training Name: Start/End Dates of Training: /		Inquiry Date:	
		Orientation Date:	
School District Name :			
Elementary School Name:		Home Type (check all that applies):	☒ TRAD ☒ BWO ☒ MWO ☒ SBWO ☒ SMWO ☒ SMFWO ☐ Respite Only
Middle School Name:			
High School Name:			
Approved Capacity:		Approved Gender:	☐ Male ☐ Female ☐ Both
Approved Male Age Range:	Min Yr Min Month Max Yr Max Month	Approved Female Age Range:	Min Yr Min Month Max Yr Max Month

Child Characteristics Checklist

Developmentally Delayed/Learning Disability	**Yes**	**No**	**Comments/Updates**
Developmentally Disabled	☐	☐	
Learning Disability	☐	☐	
Speech Disability	☐	☐	
Tourette's Disability	☐	☐	
Emotional/Behavioral Diagnoses	**Yes**	**No**	**Comments/Updates**
ADD/ADHD	☐	☐	
Adjustment Disorder	☐	☐	
Anxiety Disorder	☐	☐	
Asperger's Disorder	☐	☐	
Attachment Disorder	☐	☐	
Autism	☐	☐	
Bipolar	☐	☐	
Child Hx of Sexual Abuse	☐	☐	

Conduct Disorder	☐	☐	
Depression	☐	☐	
Disruptive Behavior Disorder	☐	☐	
Dysthymic Disorder	☐	☐	
Eating Disorder	☐	☐	
Emotionally/Disrupted Diagnosed	☐	☐	
Gender/Identity Disorder	☐	☐	
Homosexual	☐	☐	
Impulse Control Disorder	☐	☐	
Mood Disorder	☐	☐	
Oppositional Defiant-Disorder	☐	☐	
Paraphilia	☐	☐	
Personality Disorder	☐	☐	
Pervasive Developmental Disorder	☐	☐	
Post-Traumatic Stress Syndrome	☐	☐	
Psychotic Disorder	☐	☐	
Schizoaffective	☐	☐	
Schizophrenia	☐	☐	
Separation Anxiety Disorder	☐	☐	
Traumatic Brain Injury	☐	☐	
Exhibited Behavior	**Yes**	**No**	
Abnormal Bowel Movement Behavior	☐	☐	
Aggressive	☐	☐	
Animal Cruelty	☐	☐	
Assaultive Behavior	☐	☐	
Child Alcohol Abuse	☐	☐	
Child Drug Abuse	☐	☐	
Expectant Father	☐	☐	
Fire Setting	☐	☐	
Gang Activity/Affiliation	☐	☐	
Has Trouble Sleeping	☐	☐	
Inhalant Abuse	☐	☐	
Pregnant After Removal	☐	☐	
Prior Suicide Attempts	☐	☐	
Prostitutes	☐	☐	
Runs Away	☐	☐	
Self Abuse	☐	☐	
Sexually Acting Out	☐	☐	
Sexually Promiscuous	☐	☐	
Steals	☐	☐	
Suicide Ideations	☐	☐	
Teen Parent	☐	☐	
Violent	☐	☐	
Wets Bed	☐	☐	
Family History	**Yes**	**No**	**Comments/Updates**
Family Hx of Drug and Alcohol Abuse	☐	☐	
Family Hx of Mental Illness	☐	☐	
Family Hx of Mental Retardation	☐	☐	
Hearing/Visual Impairment	**Yes**	**No**	**Comments/Updates**
Hearing Impaired - Diagnosed	☐	☐	
Visually Impaired – Diagnosed	☐	☐	

Medical Diagnoses	**Yes**	**No**	**Comments/Updates**
AIDS	☐	☐	
Allergies	☐	☐	
Anemia	☐	☐	
Asthma	☐	☐	
Cancer	☐	☐	
Cognitive Disorder	☐	☐	
Diabetes	☐	☐	
Eczema	☐	☐	
Enuresis/Encopresis	☐	☐	
Epilepsy	☐	☐	
Failure to Thrive	☐	☐	
HIV Positive	☐	☐	
Hepatitis	☐	☐	
Infant Alcohol Addition/Prenatal Alcohol Exposed/Fetal Alcohol Syndrome	☐	☐	
Infant Drug Addiction/Prenatal Drug Exposed	☐	☐	
Mobility Impaired	☐	☐	
Other Medically Diagnosed	☐	☐	
Physically Disabled Disorder	☐	☐	
Pregnant	☐	☐	
Rheumatic Fever, Heart Disease, Heart Murmur	☐	☐	
Sexual Disorder	☐	☐	
Sexual Transmitted Disease	☐	☐	
Sickle Cell Anemia	☐	☐	
Spina Bifida	☐	☐	
Terminal Illness	☐	☐	
Transgender	☐	☐	
Tuberculosis	☐	☐	
Mental Retardation	**Yes**	**No**	**Comments/Updates**
Downs Syndrome	☐	☐	
Intellectual Disability	☐	☐	
Mental Retardation - Diagnosed	☐	☐	
Other	**Yes**	**No**	**Comments/Updates**
Adoption Dissolution	☐	☐	
Limited English Proficiency	☐	☐	
Previously Adopted	☐	☐	
Sibling Group	☐	☐	
Tribal Member	☐	☐	
Child Race	**Yes**	**No**	**Comments/Updates**
American Indian/Alaska Native	☐	☐	
Asian	☐	☐	
Black/African American	☐	☐	
Black and White	☐	☐	
Native Hawaiian/Other Pacific Islander	☐	☐	
Unable to Determine	☐	☐	
White	☐	☐	
Child Ethnicity	**Yes**	**No**	**Comments/Updates**
Hispanic/Latino	☐	☐	
Not Hispanic/Latino	☐	☐	
Unable to Determine	☐	☐	