

QUESTIONS TO ASK WHEN DCF CALLS WITH A PLACEMENT FOR YOU

TODAY'S DATE:

CHILD'S NAME:

(Any nicknames or likes to be called):

DOB:

AGE:

CHILD'S GENDER:

SOC SECURITY #:

RELIGIOUS HISTORY:

WHERE IS THE CHILD FROM:

PERSON CALLING WITH PLACEMENT:

Phone number:

WHO'S BRINGING THE CHILD AND WHEN?

Phone number:

WHO'S PICKING UP THE CHILD AND WHEN? (if short term)

Phone number:

CHILD'S SOCIAL WORKER:

Phone number:

Duty Day:

SOCIAL WORKER'S SUPERVISOR:

Phone number:

CHILD'S ATTORNEY:

Phone number:

NEXT COURT DATE AND LOCATION:

REASON WHY CHILD BEING PLACED?

IS THIS A FIRST PLACEMENT?

IN A RESIDENTIAL/TREATMENT PROGRAM?

Location:

Contact information:

IS THERE ANY HISTORY OF :

SUICIDE THREATS/ATTEMPTS?

CUTTING THEM SELF?

RUNNING AWAY?

FIRESETTING?

ASSAULTIVE/VIOLENT?

STEALING?

SEXUAL ACTING OUT?

CRUELTY TO ANIMALS?

CRIMINAL CHARGES?

Is there a CHINS?

Which Court?

Probation Officer

Phone number

ANY BEHAVIORS TO BE CONCERNED ABOUT?

Does the child Smoke?

Is there Drug/Alcohol Use?

Is Child Sexually Active?

On birth control?

Is child coming with it?

IS THE CHILD ALLOWED PHONE CALLS?

(To whom? Monitored by speaker phone, length, any schedule?)

DOES CHILD HAVE A CELL PHONE?

(What kind of access will the child be allowed for the cell phone?)

2.

BIRTH PARENTS INFORMATION:

NAME:
Location:
Age:
Physical description:

NAME:
Location:
Age:
Physical description:

SIBLING(S) INFORMATION:

NAME:
Location:
Age:
If in Foster Care, with whom?
Where?
Is contact allowed between siblings?

NAME:
Location:
Age:
If in Foster Care, with whom?
Where?
Is contact allowed between siblings?

WHAT IS THE SCHEDULE FOR FAMILY VISITS?

(Where, how long, who is transporting, supervising, etc?)

CHILD'S MEDICAL HISTORY (*ask for Mass Health Card/Number © of Medical Passport*)

NAME OF PHYSICIAN:

Address:

Phone number:

NAME OF DENTIST:

Address:

Phone number:

NAME OF THERAPIST:

Address:

Phone number:

NAME OF SPECIALIST:

Address:

Phone number:

ANY SCHEDULED/REGULAR APPOINTMENTS I NEED TO KNOW ABOUT?

Dates and times? Locations? Who will be transporting?

ANY MEDICAL CONCERNS/CONDITIONS?:

ARE THERE ANY MENTAL HEALTH DIAGNOSIS?:

IS CHILD UP TO DATE ON ALL NECESSARY VACCINATIONS?

Is child at risk for HIV? If so has a referral been made to the Regional Aids Board?

ANY KNOWN ALLERGIES? (Advise if your home has animals/ smokers):

To what? What kind of reaction? What is the protocol for an allergic reaction?

DOES CHILD HAVE ASTHMA?:

Is child coming with an inhaler, nebulizer, etc.?

What is the protocol for an asthma attack?

IS THE CHILD DEVELOPMENTALLY/MENTALLY ON TRACK?:

Are there any special needs? Is child in Early Intervention? (Contact person and phone number)

MEDICATIONS:

NAME:

Dosage:

Reason for taking it

Is child coming with the medication

NAME:

Dosage:

Reason for taking it

Is child coming with the medication

NAME:

Dosage:

Reason for taking it

Is child coming with the medication

NAME:

Dosage:

Reason for taking it

Is child coming with the medication

IS THE CHILD ATTENDING SCHOOL/PRESCHOOL/DAYCARE?

Where:

Contact person and phone number?

WHAT IS THE PLAN FOR TRANSPORTING?

DOES THE CHILD HAVE AN IEP (GET COPY)?

IS THE CHILD TOILET TRAINED?

(Does the Child have problems surrounding toileting?)

ARE THERE ANY NIGHT TIME RITUALS?

(Does the Child sleep in a crib, toddler bed, regular bed)

IS THE CHILD COMING WITH SUFFICIENT:

Clothing- (What size)?

Diapers (What size)?

Formula (What Kind)?

If not, will there be an emergency clothing allowance requested?

IS THE CHILD COMING WITH P.A.C.T SERVICES IN PLACE?

If not and if there is a need who will initiate these services

Name of the P,A,C,T. Coordinator and phone number

REQUEST PLACEMENT LETTER:

REQUEST TRAVEL LETTER (IF NEEDED):

REQUEST COPY OF BIRTH CERTIFICATE (IF SCHOOL AGE):