

**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 &copy 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):*