Foster Care Intake Form

The information you provide below will help us create a safe, supportive, and responsive environment for your child by equipping our caregivers with the understanding they need to best meet your child's emotional, physical, and developmental needs. All information provided will be kept confidential, with the exception of details shared with immediate caregivers as needed to ensure they can provide the best possible care for the child.

Child's Information

- **Child's Full Name:** _____ **Date of Birth:** _____
- Caseworker's Name: _____ Phone #: _____
- Please list anyone who is allowed to pick up the child (other than emergency contacts):
  _____
- Is there anyone we should be aware of that could pose a threat to the child or should not be allowed into the center?: _____
  _____
- Court order information we should be aware of (Please include copy of relevant documents):
  _____

Family Information

- **Foster Parents' Names:**
  Parent 1: _____ **Parent 2:** _____
- Who lives in the home with the child currently? _____
  _____
- When did the child come into your care? _____
- Were they previously in foster care prior to living with you? ☐ No ☐ Yes How long?:_____
- Any other recent changes we would need to be aware of: _____
- Any additional info about their placement: _____
- **Biological Siblings:**
  Brothers: _____
  Sisters: _____
- Are there any relatives they currently have contact with? ☐ No ☐ Yes (Please elaborate):
  _____
- Do they have visits with any biological family? ☐ No ☐ Yes _____
- **Will they be leaving from the center throughout the day to attend visits?** ☐ No ☐ Yes
  Day: _____ Time: _____ Who will be taking them: _____
- Permanency Goal (reunification, adoption, guardianship): _____
- Additional information about their family: _____
  _____

Health & Development

- **Does your child have any medical conditions, special needs, or developmental concerns?**

  ▢ No ▢ Yes: _____

- **Is your child currently taking any medications?** ▢ No ▢ Yes
  - Medications & what they are taken for: _____
  - Side effects: _____
- **Is your child currently receiving any kind of therapy?** (Please provide copies of any evaluations)

  ▢ None ▢ Speech ▢ OT ▢ PT ▢ ABA ▢ Play Therapy ▢ Other: _____
- Will any therapy take place at the center? ▢ No ▢ Yes Day: _____ Time: _____

  (We ask that any services provided at the center be delivered as push-in services within the classroom setting. All therapists offering services at the center are required to sign a Therapist Contract. Parents are responsible for informing the office of any scheduled therapy appointments.)
- Does your child require any special adaptive equipment or accommodations? ▢ No ▢ Yes:

  _____

Behavioral Challenges or Concerns

- Check any that apply and provide additional details as needed:

  ▢ Aggression ▢ Attention or Hyperactivity Issues ▢ Self-Harm

  ▢ Withdrawal or Isolation ▢ Defiance or Opposition ▢ Anxiety

  ▢ Sleep Disturbances ▢ Emotional Regulation Difficulties ▢ Impulse Control Issues

  ▢ Other: _____

  Additional Details:_____

  _____
- Please list any known triggers (sounds, environments, people, routines, etc.) or past traumas that may impact the child's behavior or emotional state: _____

  _____
- What early signs indicate the child may be experiencing distress or may escalate in behavior?

  _____
- What techniques, items, or approaches help the child calm down or manage stress?

  _____

Additional Information

- Is there anything else we should know to help make your child's experience a positive one?

  _____

  _____

Form Completed By:

Name: _____ **Date:** _____

Thank you for sharing this important information with us! The information provided will help us better understand your child's needs, preferences, and routines. We look forward to getting to know your child and family.