

UNIQUE CARING FOUNDATION

APPLICATION FOR SERVICES

TO: (Name of Agency) _____

APPLICATION FOR: ____ Family Foster Care ____ Therapeutic Foster Care

FROM: (person/agency making application): _____

This complete application, with supporting documentation, provides the information necessary to decide whether to admit the child. If the child is admitted, the documents relating specifically to admission will be required. If additional space is needed for any question, add an extra sheet or write on the back of the application (be sure to give question number for reference).

I. FAMILY INFORMATION:

CHILD:

1. Name:

Last	First	Middle
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2. Prefers to be called: _____

3. Date of Birth: ____/____/____

4. Verified?: ____ Yes ____ No

5. Sex: _____

6. Race: _____

7. Social Security Number: _____

8. Place of Birth (City): _____

(County): _____

State or County: _____

9. Currently Living with:

Biological Parent(s): ____ Relative: ____ Foster Family: ____

Other – Specify: _____

10. BIOLOGICAL PARENTS:

Father's Name: _____

Last	First	Middle
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11. Social Security Number: _____

12. Address: _____

13. Telephone Number: _____

14. Date of Birth: ____/____/____

15. Date of Death: ____/____/____

16. Marital Status: _____

17. Mother's Name: _____

Last	First	Middle
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18. Social Security Number: _____
19. Address: _____
20. Telephone Number: _____
21. Date of Birth: ____/____/____
22. Date of Death: ____/____/____
23. Marital Status: _____

CURRENT PARENTAL RELATIONSHIPS: (The persons, if other than biological parents, who will be working in a parental capacity with child while in care):

24. Father's Name: _____
Last First Middle

25. Social Security Number: _____

26. Date of Birth: ____/____/____

27. Relationship to Child: Step: ____ Adoptive: ____

Other Specify: _____

28. Address: _____

29. Telephone Number: _____

30. Mother's Name: _____
Last First Middle

31. Social Security Number: _____

32. Date of Birth: ____/____/____

33. Relationship to Child: Step: ____ Adoptive: ____

Other Specify: _____

34. Address: _____

35. Telephone Number: _____

36. Have proceedings been initiated to terminate parental rights for this child's:

Mother: ____ Father: ____

If "yes", give the date of the final order terminating parental rights:

____/____/____

Of the Mother: ____/____/____ of the Father: ____/____/____

37. Has the child been adopted?: ____ Yes ____ No

If "yes", give date(s) of the final adoption order(s): ____/____/____

____/____/____ ____/____/____

38. **CHILD'S SIBLINGS:** (Include all half siblings, step siblings, Adoptive siblings):

NAME:

DATE OF BIRTH:

___/___/___

___/___/___

___/___/___

___/___/___

RELATIONSHIP:

PRESENTLY LIVING WITH:

II. CUSTODY

39. Name of Legal Custodian: _____
40. Telephone Number: _____
41. Address: _____
42. Name of Contact Person: _____
43. Telephone Number: _____
44. Is a "Voluntary Placement Agreement" in effect?: ____ Yes ____ No
If yes, give expiration date: ____/____/____
45. Check if there is any ____ physical, ____ medical, ____ developmental ____
Psychological problem which will require special attention in caring for this child.
Attach a description of each problem checked.
Check if there is any ____ physical, ____ medical, ____ developmental, ____
Psychological problem which will require special attention in caring for this child.
Attach a description of each problem checked.
46. Name any medications this child is now taking, and for what condition(s):

47. Name of child's physician: _____
48. Telephone Number: _____
49. Address: _____
50. Name of child's dentist: _____
51. Telephone Number: _____
52. Address: _____

III. EDUCATIONAL INFORMATION

(If this form is completed between school terms, please give the information pertaining to the previous school year. If assistance is needed in completing the form, please consult the child's school).

53. Assigned School Grade: ____
In which grade(s) has the child been retained? _____
54. Attach a copy of the child's report card for the latest reporting period.
55. School performance this year is: ____ Better than; ____ Equal to: ____
Poorer than previous year: ____
56. Education setting:
Regular Class: ____
Special Education: ____
Other – (Specify :) _____

57. Has child been classified as "special needs" under PL 105-17?: Yes No

If yes, circle classification(s):

AU: _____

BED: _____

C/B: _____

HI: _____

EMD: _____

TMD: _____

SPD: _____

MU: _____

OI: _____

OHI: _____

SLD: _____

SLI: _____

VI: _____

58. Child's appointed Surrogate Parent: Name: _____

59. Telephone Number: _____

60. Address: _____

61. Name of Current/last school attended: _____

62. Telephone Number: _____

63. Address: _____

64. School Transcript: Attached: Yes No;

Promised by date: Yes No

65. Latest Evaluation Information:

Achievement Evaluation (ex; Woodcock Johns IBM, etc.);

Date: ____/____/____

Assessment/Test: _____

Psychological Evaluation (ex; WISC-III, etc.) Date: ____/____/____

Assessment/Test: _____

Results: _____

66. Attendance record for school year:

Number of days in attendance: _____

Number of excused absences: _____

Number us unexcused absences (suspension, expulsion, truancy, etc.): _____

Explain:

67. Academic Strengths: _____

68. Academic weaknesses: _____

69. School behavioral strengths: _____

70. School behavioral weaknesses: _____

71. Recommended school information pertinent to this application:

72. Recommended educational plan/program (IEP), etc.):

73. Other special needs/talents, including extra-curricular activities and interests:

74. Additional school information pertinent to this application:

IV. SOCIAL HISTORY

The following information will help agency staff understand the child's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for Section V (questions no. 75-85). Answer any of the questions below which are not addressed in the social history).

75. Tell what is going on in the family at this time. Describe the significant events which effect this family and child:

76. Give a brief description of this family's :

a. Strengths:

b. Weaknesses:

77. Give a brief description of the child's:

a. Strengths:

b. Weaknesses:

78. What and/or who make this child?

- a. Glad? _____
- b. Sad? _____
- c. Mad? _____
- d. Fight? _____
- e. Run? _____

79. from what agencies/professionals has the family sought or been given help?
Specify services and results:

80. What religious resources/support systems are available to this child and family?
(Name/telephone number of contact person): ____/____/____

81. Why must this child now live away from his/her parents? Attach a description of previous out-of-home placement(s):

82. Is there history of delinquent behavior? ____ Yes ____ No
(If yes, attach description including history of core involvement and a copy of any court order currently in effect).

83. Has application been made to have this child certified as "Willie M."?
____ Yes ____ No

Date of certification: ____/____/____

84. Is this child suicidal? ____ Yes ____ No

If yes, attach history with description of attempts).

85. Identify the current needs of the child and family to which the agency is asked to respond:

V. PLANNING

(This section requires equal attention to the family and the child in answering the questions.)

86. What is the permanent plan for this child?

87. Is there a current need to revise the permanent plan? ____ Yes ____ No
If yes, please explain:

88. State the goals toward which the family and child are working to achieve the permanent plan:

89. What specific services of the agency are being requested on behalf of this family and child?

90. How will the requested services help the family and child achieve their permanent plan?

91. Identify in order of your priority all agencies to which this application is being made:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

92. Give the name/role of other volunteers/professionals assigned to this child (Guardian ad Litem, Child Advocate, Court Counselor, etc.):

VI. SIGNATURE(S)

I (we), the undersigned, hereby apply to the (Name of agency) for services named above on behalf of the named child for whom I (we) hold legal custody and/or placement authority. I (we) certify that the information contained in this application, and the attachments, are true and accurate to the best of my (our) knowledge. I (we) agree to share additional information pertinent to this application as requested by the agency. I (we) also agree to cooperate with the agency and to support the plan of service to which we mutually agree.

**PRINT NAME OF PARENT(S) OR GUARDIAN OR LEGAL CUSTODIAN
(CIRCLE ONE):**

____/____/____
DATE:

**SIGNATURE OF PARENT(S) OR GUARDIAN OR LEGAL CUSTODIAN
(CIRCLE ONE):**

____/____/____
DATE:

Voluntary Placement Agreement:

Name of Agency holding Voluntary Placement Agreement: _____

**PRINT NAME OF REPRESENTATIVE OF AGENCY HOLDING VOLUNTARY
PLACEMENT AGREEMENT:**

DATE: ____/____/____

**SIGNATURE OF REPRESENTATIVE OF AGENCY HOLDING VOLUNTARY
PLACEMENT AGREEMENT:**

DATE: ____/____/____