**Foster Care Referral**

Child’s Name: ­­­­­Click or tap here to enter text. Child’s Date of Birth: ­­­­­Click or tap here to enter text.

Level of Care: [ ]  Family Foster [ ]  Therapeutic Foster

Gender:[ ]  Male [ ]  Female [ ]  Transgender [ ]  Non-binary [ ]  Other

Race/Ethnicity: [ ]  American Indian [ ]  Alaska Native [ ]  First Nations

 [ ]  Black/African American [ ]  Hispanic/LatinX [ ]  Middle Eastern

 [ ]  Native Hawaiian [ ]  Pacific Islander [ ]  White

 [ ]  Unknown [ ]  Not Listed

Why the youth in care: Click or tap here to enter text.

Visitation Schedule: Click or tap here to enter text.

Grade/School/Daycare: Click or tap here to enter text.

Appointments/Therapist: Click or tap here to enter text.

Medications: Click or tap here to enter text.

Characteristics, Medical Conditions, and Behaviors:

Academic Delays [ ]  Yes [ ]  No [ ]  Unknown

ADD/ADHD [ ]  Yes [ ]  No [ ]  Unknown

Alcohol/Drug Use [ ]  Yes [ ]  No [ ]  Unknown

Asthma [ ]  Yes [ ]  No [ ]  Unknown

Autism Spectrum Disorder [ ]  Yes [ ]  No [ ]  Unknown

Bedwetting or wets/soils themselves [ ]  Yes [ ]  No [ ]  Unknown

Conduct Disorder [ ]  Yes [ ]  No [ ]  Unknown

Commercial Sexual Exploitation of Children [ ]  Yes [ ]  No [ ]  Unknown

Depression [ ]  Yes [ ]  No [ ]  Unknown

Disruptive in School/Daycare [ ]  Yes [ ]  No [ ]  Unknown

Experienced Physical Abuse [ ]  Yes [ ]  No [ ]  Unknown

Experienced Sexual Abuse [ ]  Yes [ ]  No [ ]  Unknown

History of Assault or Physical Aggression [ ]  Yes [ ]  No [ ]  Unknown

History of Cruelty to Animals [ ]  Yes [ ]  No [ ]  Unknown

Developmentally Inappropriate Sexual Behavior [ ]  Yes [ ]  No [ ]  Unknown

History of Manipulation or Excessive Lying [ ]  Yes [ ]  No [ ]  Unknown

History of Smearing Feces [ ]  Yes [ ]  No [ ]  Unknown

History of Running Away [ ]  Yes [ ]  No [ ]  Unknown

History of Behavior Problems in School [ ]  Yes [ ]  No [ ]  Unknown

History of Setting Fires [ ]  Yes [ ]  No [ ]  Unknown

History of Stealing [ ]  Yes [ ]  No [ ]  Unknown

Intellectually Challenged [ ]  Yes [ ]  No [ ]  Unknown

Juvenile Justice or Probation [ ]  Yes [ ]  No [ ]  Unknown

Learning Disability [ ]  Yes [ ]  No [ ]  Unknown

LGBTQ+ [ ]  Yes [ ]  No [ ]  Unknown

Medically Fragile [ ]  Yes [ ]  No [ ]  Unknown

Potty Trained [ ]  Yes [ ]  No [ ]  Unknown

Oppositional Defiant Disorder [ ]  Yes [ ]  No [ ]  Unknown

Physically Disabled [ ]  Yes [ ]  No [ ]  Unknown

Prenatal Alcohol/Drug Exposure [ ]  Yes [ ]  No [ ]  Unknown

Requesting FP Transportation to Visitation [ ]  Yes [ ]  No

Schizophrenia [ ]  Yes [ ]  No [ ]  Unknown

Self-Harm [ ]  Yes [ ]  No [ ]  Unknown

Please explain any “Yes” answers: Click or tap here to enter text.

Anything else you would like us to know? Click or tap here to enter text.

Social Workers Name: ­­­­­Click or tap here to enter text. Cell Phone Number: ­­­­­Click or tap here to enter text. Office Phone Number: ­­­­­Click or tap here to enter text. Email Address: ­­­­­Click or tap here to enter text.

Please return this form along with all supporting documentation, such as the most current CCA, to [admissions@thompsoncff.org](file:///C%3A%5CUsers%5Clhaydon%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C2YHHOT24%5Cadmissions%40thompsoncff.org).