**CHILD INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name: | Age: | MiSACWIS Person ID: |
| Current Legal Status: | Date Child Entered Care: | Current Placement: |
| Referring Agency: | Referring Worker: | Date of Last Trauma Assessment (attach): |

**Summary of services provided:**

|  |  |  |
| --- | --- | --- |
| Service (EFC, therapy, psychiatric): | Start Date: | Frequency: |
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**Summary of placement efforts [please attach genogram]:**

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| --- | --- | --- |
| Placement type (relative, fictive kin, foster home, facility): | Referral: | Outcome: |
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**Placement History:**

|  |  |
| --- | --- |
| Number of foster homes: | List Residential Placements: |
| Number of Residentials: |  |
| Number of Psychiatric Hospitalizations: |  |

**Assessment of Need for Residential Care [include diagnosis, special needs]:**

|  |
| --- |
|  |

**Type of Placement Requested:**

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| --- |
| * Assessment Program * Mental Health Stabilization * General Residential * DD/CI Treatment Program * Human Trafficking * Secure Residential * Juvenile Justice Program * Sexually Reactive Program * Substance Abuse Program * Mom and Baby Program |

**Treatment Team Members [also include GAL, CASA, mentors, as applicable]:**

|  |  |  |
| --- | --- | --- |
| Name: | Role: | E-mail: |
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| --- | --- |
| PAFC Worker Signature: | Date: |
| PAFC Supervisor Signature: | Date: |
| PAFC Program Manager Signature: | Date: |

I have reviewed the above request and support the need for residential placement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WMPC Board Member Signature