**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:**

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

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

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| --- |
|  |

**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