## **History and Information**

| Staffing Date: Nan  | ne of Family(s) considered: |  |
|---|-----------------------------|--|
| Name/Age of Children:   |                             |  |
| Ethnicity:  |                             |  |
| Individual's Present:   |                             |  |
| CPS Follow up Contact Info:   |                             |  |
| Birth Mother: Age: Ethnicity: Education level: Diagnosis: Criminal history: Substance abuse: Whereabouts: On-going contact: |                             |  |
| Birth Father: Age: Ethnicity: Education level: Diagnosis: Criminal history: Substance abuse: Whereabouts: On-going contact: |                             |  |
| How/When came into care:  |                             |  |
| Where did case originate:   |                             |  |
| Allegations/Type of abuse:  |                             |  |
| Siblings:   |                             |  |
| Extended family visits:   |                             |  |
| Describe personality:   |                             |  |
| Strengths:  |                             |  |



| Interests/Hobbies:               |  |
|----------------------------------|--|
| Extracurricular act ivies:       |  |
|                                  |  |
| Dailey restines                  |  |
| Dailey routine:                  |  |
|                                  |  |
|                                  |  |
|                                  |  |
| Relationship with                |  |
| caregivers:                      |  |
| Matching characteristics         |  |
| with perspective family:         |  |
| Number of placements:            |  |
|                                  |  |
| Length of time in current        |  |
| placement (location):            |  |
|                                  |  |
| Child's level of care            |  |
| history:                         |  |
| Diagnasas (data)                 |  |
| Diagnoses: (date)                |  |
| Global Assessment of             |  |
| Functioning score:               |  |
| _                                |  |
| Date of current                  |  |
| psychological/                   |  |
| developmental and physical exam: |  |
| priysical exam.                  |  |
| Therapy:                         |  |
|                                  |  |
| Medications:                     |  |
| Electional C                     |  |
| Educational information:         |  |
| Medical/Dental needs:            |  |
| modical, Bornar noods.           |  |
| Disabilities:                    |  |
|                                  |  |
| Allergies:                       |  |
| Data of assume at a basely       |  |
| Date of current physical exam:   |  |
| CAGIII.                          |  |
| Developmental delays:            |  |
|                                  |  |



| Describe significant issues/behaviors (frequency/intensity):    |   |
|---|---|
| Motivating reinforcements used by current caregiver:            |   |
| Need meeting and redirection methods used by current caregiver: |   |
| Behavioral forecast:  |   |
| Date of parental rights termination:                            |   |
| Mediated agreement:   |   |
| Church preference:  |   |
| Adoption preparation/ understanding:                            |   |
| Is the child's case file redacted/de-identified?                |   |
| If not, when does CPS expect it to be available?                |   |
| Family Selected:<br>CPS Signed Agency Selection                 | Yes No Referral Attached: Yes No Agency Withdrew: Yes No Agency Withdrew: |
| Agency Representative   | Date  |





