Nexus-Kindred FAMILY HEALING

Referral/Placement Form -*email to mmuenzberg@nexuskindred.org*

Program: ☐Foster Care ☐Short Term Foster Care ☐Whole Family ☐Adoption

Date of Referral: **Taken by**:

Name: **DOB**: **Age**: **Gender**:

Race: **Tribal Affiliation**: **Enrolled:** ☐Yes ☐No ☐Unknown

SW / PO: **County**:

Phone: **Email**:

Custody:

Strengths: *(extra curricular, home, personal, school)*

Interests:

Geographic Preference:
If preferred geography cannot be met, can referral be made:
☐Statewide ☐Central ☐Metro ☐Northeast ☐Northwest ☐Southern

Foster Family Composition:

No Younger Children	☐Required	☐Does Not Matter
2-Parent Home	☐Required	☐Does Not Matter
At-Home Parent	☐Required	☐Does Not Matter

Placement Authorization: *(Need Document)* ☐CHIPS ☐Delinquency ☐TPR ☐Voluntary

Reason for Out-of-Home Placement/Presenting Factors:

Current Residence:

Previous Placements:

Family Circumstances:

DSM Diagnosis:

☐ADD	☐Bi-Polar	☐ODD
☐ADHD	☐Conduct Disorder	☐PTSD
☐Anxiety	☐Depression	☐RAD
☐Adjustment Disorder	☐Other:	

History of Abuse: ☐None ☐Physical ☐Sexual ☐Emotional ☐Psychological
By Whom: **Client's Age at Time of Abuse:**

History of Chemical Abuse or Treatment:

History of Physical or Sexual Aggression:
☐Victim ☐Perpetrator

History of Self Abusive Behavior:

Behavior Concerns:

☐Animal Cruelty	☐Encopresis	☐Sexually Active
☐Depressed/Withdrawn	☐Enuresis	☐Smoking
☐Destructive	☐Fire Setting	☐Stealing
☐DD	☐Impulsive/Explosive	☐Suicidal
☐Dishonesty	☐Running	☐Toileting Issues
☐Eating Issues	☐Self-Harm	

Supervision Requirements:
☐Eyes-on ☐Developmentally Age Appropriate ☐Other:

Medical Concerns:

Allergies:

Medication(s) & Purpose(s):

Current Therapy Plan:

Anticipated Therapy Plan:

Current or Last School: **Grade:**

School Location: **IQ:**

Special Education Program:

Behavior/Ability:

Anticipated Length of Placement:

Family Involvement/Visitation:

Placement Needed By:

Permanency Plan: ☐Adoption ☐Kinship Care ☐Long-Term Foster Care ☐Reunification