

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CHILD/CAREGIVER MATCHING TOOL

Date: _____

Child Id #: _____

When a placing worker must select an initial or subsequent placement for a child, the worker shall use the **CFS 2017, Child/Caregiver Matching Tool**, to document the criteria assessing the child's individual needs and the ability of the caregiver to meet those documented individual needs.

For initial placements, the worker or investigator must complete as much of the child's portion of the **CFS 2017** as possible with the information available. The child's follow-up worker must complete the entire **Matching Tool** within 60 days of placement. For changes of placement or placement from an intact family case, the **CFS 2017** must be completed in full. A new **Matching Tool** must be completed each time the placement changes. All completed **CFS 2017, Matching Tools**, are to be filed in the child's section of the case record.

The **CFS 2017, Child/Caregiver Matching Tool**, is divided into two columns. The left-hand column describes the child's characteristics, which includes the child's individual identity needs. The placing worker shall check all the characteristics that are applicable to the child. Some child characteristics that are behavioral require that the worker indicate how often the behavior occurs. The right-hand column of the form is used to indicate whether the caregiver being considered for the child is willing to care for a child with the characteristics listed. For some characteristics check either "Yes" the caregiver is willing to care for the child or "No" the caregiver is not willing. For other characteristics indicate whether the caregiver has successfully parented a child with the particular characteristic in the past, is willing to parent the child but needs help, or whether the caregiver is not willing to parent a child with that characteristic.

The caseworker shall attach copies of any relevant and available school reports, medical and psychological evaluations, disciplinary or police reports, etc. as necessary, to provide a complete description of the child's situation in order to document the child's individual needs.

In addition, if responses in the caregiver's column require explanation, the caseworker shall include the explanation as an attachment to the CFS.

All attachments shall be clearly marked and cross reference the Child or caregiver characteristic to which it applies.

The placing worker's supervisor shall approve the **CFS 2017, Child/Caregiver Matching Tool**.

CHILD IDENTIFYING INFORMATION	CAREGIVER IDENTIFYING INFORMATION
Name: _____	Name: _____
I.D.#: _____	Spouse: _____
DOB: _____	Others in the Home:
Gender: _____	Name Relationship
Legal Status: _____	_____
_____	_____
Permanency Goal: _____	_____
_____	_____

Were the foster parents consulted for the answers to this document? Yes No

FAMILY MEMBERSHIP

Child Characteristics	Caregiver Capacities		
Child has a Return Home Goal with: <input type="checkbox"/> Mother <input type="checkbox"/> Father	1) Caregiver will support relationship with parents. 2) Caregiver will cooperate with the permanency goal <input type="checkbox"/> Successfully Parented in the Past <input type="checkbox"/> Willing but needs Help <input type="checkbox"/> Not Willing to Parent		
Visitation with Mother	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Supervised/Unsupervised			
<input type="checkbox"/> / <input type="checkbox"/> More than once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitation with Father	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Supervised/Unsupervised			
<input type="checkbox"/> / <input type="checkbox"/> More than once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitation with Siblings	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Supervised/Unsupervised			
<input type="checkbox"/> / <input type="checkbox"/> More than once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitation with Extended Family	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Supervised/Unsupervised			
<input type="checkbox"/> / <input type="checkbox"/> More than once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> / <input type="checkbox"/> Once per Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child has an attachment to significant others in the community or with previous placements? (Specify): _____ _____ _____	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language

CHILD IDENTIFYING INFORMATION	CAREGIVER IDENTIFYING INFORMATION
Child's preferred language is: _____ _____	Caregiver can communicate in child's preferred language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parents/Caregiver preferred language is: _____ _____	Caregiver can communicate in parents' preferred language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child is able to communicate in other languages? (specify) _____ _____	Caregiver can communicate in child's other language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child uses other methods of communication? (specify e.g. sign language) _____ _____	Caregiver can communicate in child's other method of communication? <input type="checkbox"/> Yes <input type="checkbox"/> No

Religious/Spiritual Requirements

CHILD IDENTIFYING INFORMATION	CAREGIVER IDENTIFYING INFORMATION
The birth parents <input type="checkbox"/> Have <input type="checkbox"/> Have Not requested a religious preference? (If yes, specify) _____ _____	Caregiver is willing to support the birth parents request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child has participated in religion/spiritual development? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify) _____	Caregiver is willing to support the child's participation in this religion? <input type="checkbox"/> Yes <input type="checkbox"/> No

Birth Parents History

	If contact is required with birth families with the characteristics displayed in the left column, can the caregiver handle such contact		
	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Parent has been diagnosed Mentally Ill,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent has been diagnosed Mentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent has been diagnosed Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disabled Parent has been assessed with AOD dependency/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent in Prison/care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent has Serious Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent is a victim of domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent has a history of domestic violence/assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is Caregiver willing to consider adoption of this child if parental rights are terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Health

CHILD IDENTIFYING INFORMATION	CAREGIVER IDENTIFYING INFORMATION		
Medical	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enrolled in HealthWorks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allergies/Asthma/Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Requires Frequent Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impaired and/or Needs Signing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Visually Impaired and/or Needs Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Requires Frequent Monitoring, Follow-up, Medications or Injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Limited Life Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scars and Deformities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Needs Braces, Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is Para or Quadriplegic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fetal Alcohol Syndrome (FAS)/ Fetal Alcohol Effects (FAE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prenatally Exposed to Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Feeding Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technologically Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Requires Personal Care Attendant/Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speech	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Hard to Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Needs Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Needs assisted Communication Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psychological Health

Diagnosed Illnesses or Conditions	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Child diagnosed mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child diagnosed mentally disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child diagnosed developmentally disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child assessed with AOD dependency abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child has emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Was/Is in residential treatment center or psychiatric hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Compulsive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mildly retarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Needs mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Diagnosis/Date of Diagnoses _____			

Behavior Characteristics

Sexual Behaviors	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Sexually abused <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate sexual behavior <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early sexual experimentation <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abused another child <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive and/or Public Masturbation <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Identity Issues <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable to Further Victimization <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit Sexual Language <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Victimization of Children and/or Pets <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eating Problems/Issues	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Anorexia, Bulimia <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eats to the Point of Gagging <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoards Food <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Eater <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Table Manners <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diet (specify type) _____			

Acting out Behaviors	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Temper Tantrums <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression Towards Self or Others <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destructive of Property <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmful to Animals <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing at Home or Community <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swearing and Calling Adults Names <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks Back, Argumentative <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying / False Accusations <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Attention Seeking <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud and Noisy <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-Verbal Behaviors	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Whining, Crying and Clinging <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn, Fearful, Isolated, Aloof, Rejects Love <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Self-esteem, Low Self-confidence <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ungrateful <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disobedient, Stubborn <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous, Selfish <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosive Outburst <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Injurious Behaviors <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncomfortable with Age-Appropriate Affection <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Behaviors	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Nightmares/ Sleepwalking <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daytime or Night-time Wetting Ages, 5-18 <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daytime or Night-time Soiling, Ages 5-18 <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool Smearing <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too Much, Too Little Sleep <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Personal Hygiene <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokes Cigarettes <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Banging <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Setting <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs Away <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses/Abuses Alcohol and/or Other Drugs <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Development: Child Strengths, Interests, and Talents

Child's Strengths, Interests Talents	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Engaging Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Positive Relationship with Adult Figures/School Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benefits from Structured Parenting/Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Responds to Adult Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Positive Manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skills or Interests in	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Musical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Positive Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Has Age Appropriate Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clubs/Groups (specify) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education: School Adjustment and Development Needs (Including Speech)

Child's Current School	
Name: _____ Address: _____ _____	Does the Caregiver reside in the same school district, which the child currently attends? <input type="checkbox"/> Yes <input type="checkbox"/> No

School Adjustment/Developmental Needs	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Positive Relationships with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respectful to Teachers/Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motivation, Does Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Requires assistance with Reading and Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wants to Pursue Post-High School Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frequent Parental Contact with School Personnel Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Suspensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Participated in Extracurricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tested	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<input type="checkbox"/> Learning disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Requires Special Education Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Moderately Mentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Severely Mentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Summary Sheet

This sheet provides a guide for the factors listed in 301.60(a) to be considered in selecting a caregiver that has the capacity to meet the child's individual needs. The responses will depend on the specific circumstances of the child and the permanency goal. If a criteria is not appropriate for a given child (i.e. child is not Native-American, so the Indian Child Welfare Act does not apply) check N/A for "not applicable".

PERMANENCY GOAL: _____

Is placement in this Foster Home the least restrictive setting? Yes No

PLACEMENT CRITERIA

Proximity to Home	
How far is the caregiver's home from the home of the parent(s)? (Miles) _____	
Will the Child be able to stay in the same school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CAREGIVER CAPACITY

Religion	N/A	Yes	Yes but needs Help	Not Willing to Parent
Can the caregivers provide the religious experience specified by the birth parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can caregivers support the child's continued participation in religion or spiritual development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relatives	
Are the caregivers related to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Native-American	
If the child is Native-American, do the caregivers meet the requirements of the Indian CW Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Communication Requirements	
Can the caregivers communicate with the child in his/her preferred language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the caregiver communicate in the parents preferred language?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Individual Needs

Physical Health	N/A	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Can the caregivers maintain the child's health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the caregivers meet any special physical needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psychological Health	N/A	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Can the caregivers meet the needs of the child's mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior Characteristics	N/A	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Do the caregivers have the experience and skill to address the specific behaviors of this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School	N/A	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Will the caregiver be able to manage the child's education needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationships	N/A	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Will the caregiver support visitation plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the caregivers accept other siblings for placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the caregiver support other significant relationships of the child, including other relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Development	N/A	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
Can the caregiver provide appropriate developmental support and management for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other factors

Has the child been in placement for a year or more with these caregivers? Yes No

If the child has been in placement for more than a year with his/her current or previous caregivers, and parental rights are terminated, have they been given the opportunity to exercise their foster parent preference for adoption?

Yes No

Is the caregiver willing to consider adoption of this child if parental rights are terminated? Yes No

Specify any other additional factors that may impact on placement with these caregivers: _____

Caregiver Summary (Circle One)

Can successfully parent this child

Can parent with help

Cannot parent this child

For caregivers that can parent “with help”, specify the areas from the assessment where help is needed and propose a plan for addressing these needs.

I have reviewed and approved the proposed plan for addressing help/needs.

Supervisor

Date

Placement Recommendation

Based on the child/caregiver characteristics assessed above, this child's best interests, including the child's individual needs?

1) This home should **be** considered for placement because this caregiver

Can meet the needs of this child

Can parent with help

2) This home should **Not** be considered because this caregiver cannot meet the needs of this child

If this home is selected, include a statement in the service plan indicating why this placement was chosen and how it meets the best interests of the child.

Approvals

The following signatures and dates apply to the final placement or change in placement decision for this child.

Signature and Approval

Caseworker's/Investigator's Name: _____

Caseworker's/Investigator's Signature: _____ Date: _____

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

Decisions Made Under the Inter-Ethnic Placement Act

If race, culture, or national origin has been raised as a consideration in the placement or change of placement of the child whose needs are being assessed on this form, follow the procedures contained in Procedures 301.60(b)(4) and complete form CFS 2018, Interethnic Placement Act Assessment Form

If a clinical staffing was required

Clinical Manager/Coordinator's Name: _____

Purchase of Service Counterpart: _____

Clinical Manager/Coordinator's Signature: _____

Purchase of Service Counterpart: _____

Date: _____

Name and Position of others who provided consultation for the decision: _____

