

CHILD IDENTIFICATION FORM

Initial Placement Date: _____

Form Completion Date: _____

Review Date: _____

Updated: _____

SECTION I CASEWORKER AND PLACEMENT INFORMATION

Date: _____

1. Caseworker: _____

2. Address: _____

3. Phone: (_____) _____

4. After Hours Phone: (_____) _____

5. Placement Type: _____

6. Provider Name: _____

7. Address: _____

8. Phone: (_____) _____

9. Emergency Phone: (_____) _____

SECTION II CHILD'S INFORMATION

1. Name: _____ 2. Sex _____ 3. DOB _____

4. Other Names Used: _____

5. Race: _____ 6. Hair Color: _____ 7. Eye Color: _____ 8. Weight: _____ 9. Height: _____

10. Birthmarks, scars, and/or **tattoos**. (Please describe below location size and shape of any permanent visible marks)

11. SS#: _____ - _____ - _____ 12. Driver's License #: _____

13. Medical Conditions: _____

14. Medications: _____

15. School: _____ 16. Address: _____

17. Phone: (_____) _____

18. Child's Interests: _____

19. Special Communication Needs/Language Preference: _____

20. Employer: _____ 21. Address: _____

22. Phone: (_____) _____

SECTION III BIRTH PARENT INFORMATION

1. Father: _____ 4. Mother: _____
2. Address: _____ 5. Address: _____

3. Phone: (_____) 6. Phone: (_____)
7. Parents' Special Communication Needs/Language Preference: _____

SECTION IV FRIENDS AND RELATIVES INFORMATION

Please list the names, addresses and telephone numbers of the child's friends and relatives:

SECTION V VEHICLE INFORMATION

1. Model: _____ 2. Make: _____ 3. Year: _____ 4. Color: _____
5. License Plate #: _____
6. Name and address to whom the vehicle is registered: _____

SECTION VI SIGNATURES

Date: _____ Caseworker's Signature: _____

Date: _____ Supervisor's Signature: _____