

RBWO MATCH Screening Summary

Referral Date: _____ County: _____
Case Manager: _____ Phone: _____ Email: _____
Referral Contact: _____ Phone: _____ Email: _____

Placement Timeframe: Today 2-3 Days By: _____ Current Location of Child: _____
Type Caregiver Needed: Partnership Parent Resource Parent Community CCI Secure CCI TLP ILP
 Maternity Placement (CCI or Foster Home) Parenting Teen Placement (CCI or Foster Home) Other _____
Type Placement Needed: Individual Placement Sibling Placement (separate application must be completed for each child)

Child's Name: _____ SHINES ID: _____
DOB: _____ Age: _____ Gender: Male Female Current Program Designation: _____
Ethnicity: White African American Asian-Pacific Islander Hispanic American Indian Other _____
Primary Language: English Spanish Other: _____
FC Entry Date: _____ Dual DJJ Commitment: Yes No Permanency Plan: Reunification Adoption Relative Placement APPLA
Previous FC Episode Dates: _____ N/A
Current Behaviors: Sexually Aggressive Physically Aggressive Suicidal Ideations Gang Involved Substance Use Oppositional
 Other: _____

For any behavior checked, provide the date of last incident and a description of the event:

School Name: _____ School System: _____ Grade: _____
IEP? No Yes (State why) _____
Full Scale IQ: Unknown Average Above-Average Below Average (Must List #) _____
Special Needs: No Yes (Type) _____
List Last Evaluation Dates: Psychological _____ CCFA _____ Dental _____ Physical _____

If there are any other demographic/descriptive characteristics relevant to making a placement match, please describe below:

Assessment Questions: Complete the following questions thoroughly. Do not leave any questions blank. If you do not have the answer to a question indicate when you expect to have the information available.

Q1. Describe the circumstances surrounding why the placement is needed? Describe the type of placement sought. Include any placement restrictions, caregiver protective capacities needed and type of environment that the child has historically done well in and/or struggled in.

Q2. Describe how the child functions on a daily basis? Include physical health, development, mental health, temperament, behavior, communication, adult and peer relationship information or other relevant factors.

Q . Describe the current health (physical and dental) conditions? List current medication names, dosage & frequency.

Q . Describe mental health status. Include most recent diagnosis and current treatment plan if applicable.

Q . List the types and dates of placements during the foster care episode or during the last twelve (12) months. Include reasons for each placement change. (Use child's placement log from GA SHINES.)

Q . Describe the child's strengths, hobbies, interests and extracurricular activities.

Q . Describe the child's (current and within the last 6 months) academic, emotional, behavioral, mental health and/or other challenges. List any specific behaviors noted on the Child Characteristics in GA SHINES.

Q . Describe progress on the permanency plan; include estimated permanency achievement date expected, and any parent-child visitation and sibling visitation plans .

Q . Describe your expectations of the placement provider. Note any particular transportation support, sibling or parent visit, or other case support needs.

Q1 . Additional Comments