

## RBWO MATCH Screening Summary Instructions

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### **Before You Begin...**

Gather and review known information about the child and their placement needs. Review the child's characteristics, recent assessments, CPS intake and RBWO discharge summaries, as applicable.

**Note:** This is a PDF fillable document. Complete the form, save it and upload it to the child's record in GA SHINES.

### **Section One: Contact Information and General Placement Needs Information**

**Referral Date:** Enter date

**County:** Enter Legal County's Name

**CM / Referral Contact:** Answer both questions or indicate if the CM is also making the referral.

**Placement Timeframe:** Indicate when the placement is needed and where the child is currently.

**Type Caregiver:** Select the type of caregiver needed. (Note that the caregiver types use the new Partnership Parenting types for caregivers.)

- Partnership Parent is a regular foster parent.
- Resource parents serves children with concurrent permanency plans that include adoption (these are foster to adopt parents in the old model).
- Community CCIs are generally 6 to 8 bed facilities in neighborhoods.
- Secure CCIs serve higher needs youth (MWO). These facilities have increased security procedures.
- TLP or Transitional Living Programs are group homes for youth age 16 years and older who are ready to enter a phase of care that will eventually transition them to independent living. TLPs afford youth with increased opportunities to practice independent living skills in a variety of settings with decreasing degrees of supervision.
- ILP or Independent Living Programs are specialized for youth ages 18 years and up. ILP is different than TLP in that youth will be placed in single occupancy housing within 13 months of entering the program.
- Maternity Placements made be with CPAs or CCIs. These placements are for pregnant youth.
- Parenting Teen Placements made be with CPAs or CCIs. These placements are for parenting youth.
- Other: This option can be selected if placement needs to do not match any of the categories.

**Type Placement Needed:** Indicate whether or not the child needs a sibling placement or not. Sibling placements can occur in CCIs.

### **Section Two: Child's School / Demographic and General Behavior Characteristic Information**

Complete the child's demographic and foster care information.

**Current Behaviors:** Indicate behaviors that are a current issue for the child. For any behavior indicated, provide a brief description and approximate dates of last occurrence.

**School Information:** Complete the school information questions. If the child has a Below Average IQ, you must indicate the IQ Number.

**General Demographic/Descriptive Characteristics:** If there are any child characteristics or demographic information that is relevant to making a placement match, describe in the space provided.

### **Section Three: Assessment Questions**

**Answer each question thoroughly. Do not leave any questions blank although you may indicate that you do not have the information and provide the date that you expect to have the information.**

**Q1.** Summarize why the child needs a placement (disruption, initial entry into care, mismatch with previous caregiver, discharge from a PRTF etc..). Share information about what type of caregiver (structured, patient, able to handle cursing etc.....) the child needs to be successful.

**Q2.** Describe what the child is like to be around day to day. Provide information such as willingness to comply with requests, attend school, follow rules, get along with peers for example.

**Q3.** Describe what physical and dental issues currently need to be addressed. List all medications, reasons for usage, dosage and frequency. Indicate when the next refill is due and if there are any related issues.

**Q4.** Describe the child's current emotional status. Briefly describe current treatment plan, MRO provider, next appointment date and diagnosis.

**Q5.** Note the type and dates of placements for the last 12 months. Describe the reason for each placement change.

**Q6.** Discuss the child's strengths, interests and any activities that they are involved in or would like to be involved in.

**Q7.** Indicate all Child Characteristics noted in GA SHINES and any other current academic, behavioral, emotional or other challenges.

**Q8.** Discuss the child's permanency plan and progress on plan. Share the sibling and parent visitation plan, if applicable.

**Q9.** Discuss your case specific needs / expectations of the provider for this child's placement.

**Q10.** Additional Comments: List any other comments that you believe would be helpful to the provider in making a placement match decision. If there are extra supports available to support to placement, indicate those in this area.