GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Caregiver Placement Preferences

Caregiver Home Information

Agency's Name: _____ Assessor: _____

Date Completed: _____ Initial Evaluation: ☐ Yes ☐ No (Re-Evaluation)

Primary Caregiver's Name: _____

Secondary Caregiver's Name: (Spouse Only) _____

Caregiver's Address: _____ Home Phone#: _____

_____ Work Phone#: _____

City: _____ State: _____ Zip: _____ Cell Phone#: _____

Marital Status:

- ☐ Married Couple
- ☐ Divorced Female
- ☐ Divorced Male
- ☐ Separated Female
- ☐ Separated Male
- ☐ Single Female Never MA
- ☐ Single Male Never MA
- ☐ Widowed Female
- ☐ Widowed Male

Date of Current Marriage, if applicable: _____

Caregiver's Religion:

- ☐ Catholic
- ☐ Protestant
- ☐ Baptist
- ☐ Jehovah's Witness
- ☐ Muslim
- ☐ Scientology
- ☐ Eastern Religion
- ☐ Buddhism
- ☐ Judaism
- ☐ Hindu
- ☐ No Preference
- ☐ None
- ☐ Other: _____

Caregiver's Language:

☐ English ☐ Spanish ☐ French ☐ German ☐ Polish ☐ Sign

☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other: _____

Annual Income: _____

Pre-Service Training Name: _____ Inquiry Date: _____ Orientation Date: _____

Start/End Dates of Training: _____ / _____

School District Name: _____

Elementary School Name: _____

Middle School Name: _____

High School Name: _____

Room Board and Watchful Oversight (RBWO) Designation:

(To be used by key Child Placing Agencies Only)

☐ BWO ☐ MWO ☐ SBWO ☐ SMWO ☐ SMFWO ☐ Respite Only

Approved Capacity: _____ Approved Gender: ☐ Male ☐ Female ☐ Both

Approved Male Age Range: _____ Min Yr _____ Min Month _____ Max Yr _____ Max Month _____

Approved Female Age Range: _____ Min Yr _____ Min Month _____ Max Yr _____ Max Month _____

Developmentally Delayed/Learning Disability	Yes	No	Comments/Updates
Developmentally Disabled	☐	☐	
Learning Disability	☐	☐	
Speech Disability	☐	☐	
Tourette's Disability	☐	☐	

Emotional/Behavioral Diagnoses	Yes	No	Comments/Updates
ADD/ADHD	☐	☐	
Adjustment Disorder	☐	☐	
Anxiety Disorder	☐	☐	
Asperger's Disorder	☐	☐	
Attachment Disorder	☐	☐	
Autism	☐	☐	
Bipolar	☐	☐	
Child History of Sexual Abuse	☐	☐	
Conduct Disorder	☐	☐	
Depression	☐	☐	
Disruptive Behavior Disorder	☐	☐	
Dysthymic Disorder	☐	☐	
Eating Disorder	☐	☐	
Emotionally/Disrupted Diagnosed	☐	☐	
Gender/Identity Disorder	☐	☐	
Impulse Control Disorder	☐	☐	
Mood Disorder	☐	☐	
Oppositional Defiant-Disorder	☐	☐	
Paraphilia	☐	☐	
Personality Disorder	☐	☐	

Emotional/Behavioral Diagnoses continued	**Yes**	**No**	**Comments/Updates**
Pervasive Developmental Disorder	☐	☐	
Post-Traumatic Stress Syndrome	☐	☐	
Psychotic Disorder	☐	☐	
Schizoaffective	☐	☐	
Schizophrenia	☐	☐	
Separation Anxiety Disorder	☐	☐	
Traumatic Brain Injury	☐	☐	

Exhibited Behavior	**Yes**	**No**	**Comments/Updates**
Abnormal Bowel Movement Behavior	☐	☐	
Aggressive	☐	☐	
Animal Cruelty	☐	☐	
Assaultive Behavior	☐	☐	
Child Alcohol Abuse	☐	☐	
Child Drug Abuse	☐	☐	
Expectant Father	☐	☐	
Fire Setting	☐	☐	
Gang Activity/Affiliation	☐	☐	
Has Trouble Sleeping	☐	☐	
Inhalant Abuse	☐	☐	
Pregnant After Removal	☐	☐	
Prior Suicide Attempts	☐	☐	
Prostitutes	☐	☐	
Runs Away	☐	☐	
Self Abuse	☐	☐	
Sexually Acting Out	☐	☐	

Exhibited Behavior continued	**Yes**	**No**	**Comments/Updates**
Sexually Promiscuous	☐	☐	
Steals	☐	☐	
Suicide Ideations	☐	☐	
Teen Parent	☐	☐	
Violent	☐	☐	
Wets Bed	☐	☐	

Family History	**Yes**	**No**	**Comments/Updates**
Family History of Drug and Alcohol Abuse	☐	☐	
Family History of Mental Illness	☐	☐	
Family History of Mental Retardation	☐	☐	

Hearing/Visual Impairment	**Yes**	**No**	**Comments/Updates**
Hearing Impaired - Diagnosed	☐	☐	
Visually Impaired – Diagnosed	☐	☐	

Medical Diagnoses	**Yes**	**No**	**Comments/Updates**
AIDS	☐	☐	
Allergies	☐	☐	
Anemia	☐	☐	
Asthma	☐	☐	
Cancer	☐	☐	
Cognitive Disorder	☐	☐	
Diabetes	☐	☐	
Eczema	☐	☐	
Enuresis/Encopresis	☐	☐	
Epilepsy	☐	☐	
Failure to Thrive	☐	☐	

Medical Diagnoses continued	**Yes**	**No**	**Comments/Updates**
HIV Positive	☐	☐	
Hepatitis	☐	☐	
Infant Alcohol Addiction/Prenatal Alcohol Exposed/ Fetal Alcohol Syndrome	☐	☐	
Infant Drug Addiction/Prenatal Drug Exposed	☐	☐	
Mobility Impaired	☐	☐	
Other Medically Diagnosed	☐	☐	
Physically Disabled Disorder	☐	☐	
Pregnant	☐	☐	
Rheumatic Fever, Heart Disease, Heart Murmur	☐	☐	
Sexual Disorder	☐	☐	
Sexual Transmitted Disease	☐	☐	
Sickle Cell Anemia	☐	☐	
Spina Bifida	☐	☐	
Terminal Illness	☐	☐	
Transgender	☐	☐	
Tuberculosis	☐	☐	

Mental Retardation	**Yes**	**No**	**Comments/Updates**
Downs Syndrome	☐	☐	
Intellectual Disability	☐	☐	
Mental Retardation - Diagnosed	☐	☐	

Other	**Yes**	**No**	**Comments/Updates**
Adoption Dissolution	☐	☐	
Limited English Proficiency	☐	☐	
Previously Adopted	☐	☐	
Sibling Group	☐	☐	
Tribal Member	☐	☐	

Child Race	Yes	No	Comments/Updates
American Indian/Alaska Native	☐	☐	_____
Asian	☐	☐	_____
Black/African American	☐	☐	_____
Black and White	☐	☐	_____
Native Hawaiian/Other Pacific Islander	☐	☐	_____
White	☐	☐	_____
Hispanic/Latino Not	☐	☐	_____
Hispanic/Latino	☐	☐	_____
Unable to Determine	☐	☐	_____

_____ _____ _____ _____

Primary Caregiver Signature Date Secondary Caregiver Signature Date

This form is to be completed by the case manager/contractor with the family during the home visit. This form is not to be left with the family.