



Firm Foundation Inc.
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Website: www.firmfoundationinc.com

The following forms are required during placement. It is very important that our agency receive these documents in order to service our consumers, foster families, and supporting agencies successfully. Please provide your initials for each document that is attached with the Intake packet.

- Complete Intake Packet
- Vital Records (Birth Certificate, Social Security Card)
- Current or Most Recent Physical/ Medical Exam within 12 months
- Current or Most Recent Dental Exam within 12 months
- Medical Prescriptions and Doctors' Orders
- Medicaid Card/Insurance Card
- Medical Reports; Including medical history, cumulative health history, immunization & available psychological and psychiatric reports
- Certificate of Custody
- Out-of-Home Family Service Agreement

Signature of Legal Guardian

Signature of Agency Staff Member

Print Name

Print Name

Date

Date

APPLICATION FOR SERVICE / INTAKE STUDY

TO (Name of Agency): Firm Foundation Inc.

Application For: Therapeutic Foster Care Family Foster Care Residential Child Care

FROM (person/agency making application): _____

(Print name of person making application and name of agency he/she represents)

This complete application, with supporting documentation, provides the information necessary to decide whether to admit the child. If the child is admitted, the documents relating specifically to admission will be required. If additional space is needed for any question, add an extra sheet or write on the back of the application (be sure to give question number for reference).

I. FAMILY INFORMATION

CHILD:

1) Child's Full Name: _____

2) Prefers to be called: _____

3) Date of Birth: _____ 4) Verified? Yes No 5) Sex: Male Female

6) Race: _____ 7) Social Security Number: _____

8) Place of Birth (City): _____ (County): _____

(State or Country): _____

9) Currently Living With: Biological Parents Relative Foster Family Other (Specify): _____

BIOLOGICAL PARENTS:

10) Father's Full Name: _____

11) Address: _____ 12) City: _____ 13) State: _____ 14) Zip: _____

14) Mother's Full Name: _____

15) Address: _____ 16) City: _____ 17) State: _____ 18) Zip: _____

CURRENT PARENTAL RELATIONSHIPS: (The persons, if other than biological parents, who will be working in a parental capacity with child while in care):

19) Full Name: _____ 20) Social Security Number: _____

21) Date of Birth: _____ Relationship to Child: Step Adoptive Other (Specify): _____

22) Address: _____ 23) City: _____ 24) State: _____ 25) Zip: _____

26) Phone Number: _____

27) Full Name: _____ 28) Social Security Number: _____

29) Date of Birth: _____ Relationship to Child: Step Adoptive Other (Specify): _____

30) Address: _____ 31) City: _____ 32) State: _____ 33) Zip: _____

34) Phone Number: _____

35) Have proceedings been initiated to terminate parental rights for this child's: Mother: Yes No or Father: Yes No

If yes, give the date of the final order terminating parental rights: of the mother: _____ of the father: _____

36) Has this child been adopted? Yes No If yes, give date(s) of the final adoption order(s): _____

37) CHILD'S SIBLINGS (Include all half siblings, step siblings, adoptive siblings)

Name: _____ **Date of Birth:** _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Presently Living With: _____

Name: _____ **Date of Birth:** _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Presently Living With: _____

Name: _____ **Date of Birth:** _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Presently Living With: _____

38) OTHER RELATIVES:

Name: _____ **Date of Birth:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship: _____

II. CUSTODY

39) Name of Legal Custodian: _____

40) Phone Number: _____

41) Address: _____ City: _____ State: _____ Zip: _____

42) Name of Contact Person: _____

43) Phone Number: _____

44) Is a Voluntary Placement Agreement or CARS Agreement in effect? Yes No If yes, give expiration date: _____

45) Check if there is any physical, medical, developmental, psychological problem which will require special attention in caring for this child. Attach a description of each problem checked.

46) Name any medications this child is now taking, and for what condition(s): _____

47) Name of child's physician: _____ 48) Phone: _____

49) Address: _____

50) Name of child's dentist: _____ 51) Phone: _____

52) Address: _____ City: _____ State: _____ Zip: _____

III. EDUCATIONAL INFORMATION

(If this form is completed between school terms, please give the information pertaining to the previous school year. If assistance is needed in completing the form, please consult the child's school.)

53) Assigned School Grade: _____ In which grade (s) has the child been retained? _____

54) Attach copy of the child's report card for the latest reporting period.

55) School performance this year is better than, equal to, or poorer than previous year.

56) Education setting: Regular Class, Special Education, Other (Specify): _____

57) Has child been classified as special needs? Yes No If yes specify classification(s): _____

58) Child's appointed Surrogate Parent: Name: _____

59) Phone: _____ 60) Address: _____

City: _____ State: _____ Zip: _____

61) Name of Current/last school attended: _____

62) Phone: _____ 63) Address: _____

City: _____ State: _____ Zip: _____

64) School Transcript: Attached: Yes No Promised by date: _____

65) Latest Evaluation Information:
Achievement Evaluation (ex: Woodcock Johnson etc.)

Date: _____ Assessment/Test: _____

Results: _____

Psychological Evaluation (ex: WISC-III, etc.)

Date: _____ Assessment/Test: _____

Results: _____

66) Attendance record for school year:

Number of days in attendance: _____ Number of excused absences: _____

Number of unexcused absences (suspension, expulsion, truancy, etc.): _____

Explain: _____

67) Academic strengths: _____

68) Academic weaknesses: _____

69) School behavioral strengths: _____

70) School behavioral weaknesses: _____

71) Recommended educational plan/program (IEP, etc.): _____

72) Other special needs/talents, including extra-curricular activities and interests: _____

IV. SOCIAL HISTORY / ASSESSMENT

The following information will help agency staff understand the child's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for Section IV (questions 75-84). Answer any of the questions below which are not addressed in the social history.

75) Tell what is going on in the family at this time. Describe the significant events which affect this family and child:

76) Give a brief description of this family's:

Strengths: _____

Weaknesses: _____

77) Give a brief description of the child's:

Strengths: _____

Weaknesses: _____

78) What and/or who make this child:

Glad? _____

Sad? _____

Mad? _____

Fight? _____

Run? _____

79) Out-of-Home Placements:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Dates of Care: _____

80) Is there history of delinquent behavior? Yes No If yes, attach description including history of core involvement and a copy of any court order currently in effect.

81) Is this child suicidal? Yes No If yes, attach history with description of attempts.

V. PLANNING

This section requires equal attention to the family and the child in answering the questions. If the child is in DSS custody attach a current copy of the out-of-home family services agreement.

85) What is the permanent plan for this child? _____

86) Is there a current need to revise the permanent plan? Yes No If yes, explain: _____

87) State the goals toward which the family and child are working to achieve the permanent plan: _____

88) What specific services of the agency are being requested on behalf of this family and child: _____

89) How will the requested services help the family and child achieve their permanent plan? _____

90) Give the name/role of other volunteers/professionals assigned to this child (Guardian ad Litem, Child Advocate, Court Counselor, etc.): _____

VII. SIGNATURE(S)

I (we), the undersigned, hereby apply to the (Firm Foundation Inc.) for services named above on behalf of the named child for whom I (we) hold legal custody and/or placement authority. I (we) certify that the information contained in this application and the attachments is true and accurate to the best of my (our) knowledge. I (we) agree to share additional information pertinent to this application as requested by the agency. I (we) also agree to cooperate with the agency and to support the plan of service to which we mutually agree.

Print Name of Parent(s), Guardian, or Legal Custodian _____
Date:

Signature of Parent(s), Guardian, or Legal Custodian _____
Date:

Voluntary Placement Agreement:

Name of Agency holding Voluntary Placement Agreement: _____

Print Name of Representative of Agency holding Voluntary Placement Agreement _____
Date:

Signature of Representative of Agency holding Voluntary Placement Agreement _____
Date:

CARS Agreement:

Name of Agency with whom CARS Agreement was signed: _____

Print Name: _____
Date:

Signature: _____
Date:

Print Name of Representative of Agency with whom CARS Agreement was signed: _____
Date:

Signature of Representative of Agency with whom CARS Agreement was signed: _____
Date:

Consent for Placement

Date of Placement: _____

Time of Placement: _____

I hereby consent to the placement of _____ with Firm Foundation, Inc. The child is in the custody of _____. As the Placing Authority my relationship to this child is: () mother; () father, () guardian; () legal custodian; () other (specify) _____. It is understood that the Placing Authority may remove the child at any time from Firm Foundation, Inc. It is understood that Firm Foundation Inc. may request that the child be removed from their program at any time. However, unless there is an emergency situation both parties agree to a 72- hour notification. This child will be placed in a () Family Foster Home or a () Therapeutic Foster Home or a () Residential Child Care Facility licensed by the North Carolina Division of Social Service under the auspices of your agency name.

GENERAL INFORMATION

Child's Full Name _____

Date of Birth: _____

Placement Foster Home: _____

Legal Custodian: _____

Phone Number: _____

OTHER PROVISIONS:

I, the legal guardian has received a program handbook which includes information on clients rights, the grievance process, confidentiality, inclusion in service planning, policies on religious participation, searches and seizures of property, and policies regarding family visits, mail, money and telephone use. _____ (initials)

I, the legal guardian understand that Firm Foundation, Inc. does not permit foster parents to use corporal punishment or physical restraints. _____ (initials)

I, the legal guardian understand that Firm Foundation, Inc. is responsible for involving the child and their parents and other family members in the service planning process as well as working with them towards reunification when this is the permanent plan for the child. _____ (initials)

I, the legal guardian understand that Firm Foundation, Inc. will adhere to the visitation and family contact plan developed for the child. _____ (initials)

I, the legal guardian understand that the above mentioned child is scheduled for discharge from Firm Foundation, Inc. on or about _____ based upon the completion of the service/treatment plan. I further understand that the child's treatment team will routinely review the projected discharge date and criteria (at least quarterly) and I will be advised of these reviews. _____ (initials)

List any other special provisions or circumstances that should be covered in this placement agreement.

Signature of Legal Guardian:

Date:

Signature & Title of Firm Foundation Representative:

Date: