

INTAKE INFORMATION – GROUP FOSTER HOME RESIDENT

Use of form: Use of this form is voluntary; however, completion of this form for placement in the resident record will provide base information in accordance with HFS 57.38(1) of the Wisconsin Administrative Code. Personally identifiable information gathered on this form will be used only to determine compliance with licensing regulations. For a complete listing of resident record requirements, see the CFS-379, Child Record Checklist – Group Foster Homes. If additional space is needed when completing this form, attach separate sheet(s).

Instructions: If the facility is a family-operated group home, a CFS-872A, Information for Foster Parents Face Sheet and a CFS-872B, Information for Foster Parents Checklist must also be completed.

I. RESIDENT INFORMATION					
Name – Last		Name – First		Alias (Nickname)	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Placement (mm/dd/yyyy)		Check all that apply:	
Religious Preference (Child or Family)			<input type="checkbox"/> Voluntary placement	<input type="checkbox"/> Court-ordered placement	
			<input type="checkbox"/> Custodial parent	<input type="checkbox"/> Expectant mother	
			<input type="checkbox"/> Respite care	<input type="checkbox"/> Homeless / runaway youth	
II. PLACING AGENCY / PARENT / GUARDIAN / LEGAL CUSTODIAN RESPONSIBLE FOR RESIDENT					
Name			Relationship to Child <input type="checkbox"/> Placing agency <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Legal custodian		
Physical Address			Mailing Address, if different		
Telephone Number – Home		Telephone Number – Work		Telephone Number – Cell	
III. EMERGENCY CONTACTS					
A. Name – Agency to be contacted in an emergency		Name – Contact Person		Relationship to Child	
Address (Street, City, State, Zip Code)				Telephone Number	
B. Name – Person to be contacted in an emergency				Relationship to Child	
Address (Street, City, State, Zip Code)				Telephone Number	
C. Name – Physician to be contacted in an emergency				Telephone Number	
Address (Street, City, State, Zip Code)					
IV. HEALTH INFORMATION					
A. Name – Physician to be contacted in an emergency				Telephone Number	
Address (Street, City, State, Zip Code)					
B. Name – Dentist to be contacted in an emergency				Telephone Number	

Address (Street, City, State, Zip Code)

C. Allergies (including allergies to food or medication) – Specify.

D. Physical Limitations – Specify.

E. Medications and Treatments – Specify.

F. Illnesses and Accidents – Specify.

V. SCHOOL INFORMATION

Name	Current Grade	Telephone Number
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VI. INVENTORY OF RESIDENT CLOTHING AND POSSESSIONS AT PLACEMENT

Name – Person Completing Form	Position	Date Completed (mm/dd/yy)
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