INTAKE INFORMATION
GROUP FOSTER HOME RESIDENT UNDER 6 YEARS OF AGE

Use of form: Use of this form is voluntary. Group foster homes may use this form to collect the assessment information HFS 57.23(1)(a) needed to complete the treatment plan required under HFS 57.23(2) and 57.37(3) of the Wisconsin Administrative Code. Personally identifiable information gathered on this form is confidential and will be used for identification purposes only.

Instructions: Complete this form as a supplement to the CFS-2382A, Intake Information – Group Foster Home Resident. If additional space is needed when completing this form, attach separate sheets.

Name – Child	Birthdate (mm/dd/yyyy)	Date Form Completed (mm/dd/yyyy)

A. FEEDING, TYPES OF FOOD INTRODUCED AND MEALS

Current Feeding Schedule	Length of Time on Current Schedule

New Food Timetable

Food Type:

☐ Formula – specify brand. Type of formula. ☐ Powder ☐ Concentrate ☐ Ready-to-feed

☐ Milk – specify type.

☐ Strained ☐ Junior ☐ Table

When eating, the child is: ☐ Held in lap ☐ In highchair ☐ Other – specify.

☐ Yes ☐ No Does child feed self? If “Yes”, child uses: ☐ Hands ☐ Spoon ☐ Fork

☐ Yes ☐ No Special feeding problems? If “Yes”, specify.

☐ Yes ☐ No Food allergies? If “Yes”, specify.

Favorite foods – specify.

Refused foods – specify.

Special diet needs (e.g., religious, medical, etc.) – specify.

B. DIAPERING AND TOILETING PROCEDURES / SPECIAL TOILETING NEEDS

Diaper type	Diapers provided	Highly sensitive skin	Plastic pants used
☐ Cloth ☐ Disposable	☐ Yes ☐ No	☐ Yes ☐ No	☐ Always ☐ Never ☐ Sometimes – specify:

Frequent diaper rash	
☐ Yes ☐ No	☐ Yes ☐ No Oil, powder or lotion used If “Yes”, specify.

☐ Yes ☐ No Toilet training attempted? If “Yes”, describe routine.

Type of toilet seat used at home – ☐ Potty chair ☐ Special toilet seat ☐ Regular toilet seat

☐ Yes ☐ No Regular bowel movements If "Yes", how often: Times of day –

☐ Yes ☐ No Toileting problems If "Yes", describe.

☐ Yes ☐ No Constipation / Diarrhea	☐ Yes ☐ No Laxatives used If "Yes", specify type.	☐ Yes ☐ No Blood in stool	☐ Yes ☐ No Yeast infections

C. SLEEP AND NAP SCHEDULE

Current sleep schedule	Length of time on current schedule

Falls asleep easily ☐ Yes ☐ No	Sleep position (under 1 year of age). ☐ Back ☐ Other – Note: Any position other than the back must be authorized in writing by the child's physician.

☐ Yes ☐ No Takes favorite toy(s) to bed? If "Yes", list toy(s).

Describe mood upon awakening.

Sleep disturbance / general sleeping pattern. Check all appropriate descriptions and explain.

☐ Bed rails, restraints	☐ Lights off	☐ Sleeps in pajamas	☐ Usual hours of sleep
☐ Cold room	☐ Lights on	☐ Sleeps with a lot of pillows	☐ Wakes during night
☐ Door open	☐ Naps	☐ Sleeps with toy	☐ Warm room
☐ Door shut	☐ Sleeps alone	☐ Sleepwalks	☐ Other – specify.

Explain.

D. COMMUNICATION METHODS AND COMFORTING TECHNIQUES

Language spoken by family ☐ English ☐ Other – specify.	Age child began talking	Child speaks in ☐ Words ☐ Sentences	Words used to describe special needs

What causes the child to feel angry or frustrated?

What frightens the child and how is it shown?

How does the child express feelings of happiness, enjoyment, etc.?

Describe each of the following.

a. Child's hobbies –

b. Special interests –

c. Favorite foods / favorite clothing –

d. Favorite toys –

e. Talents –

☐ Yes ☐ No Does child have a fussy time? If "Yes", explain how fussy time is handled.

Child likes to be:
☐ Held ☐ Sung to ☐ Rocked ☐ Read to ☐ Other – specify.

Special things you say or do to comfort / sooth the child.

E. DEVELOPMENTAL HISTORY

Is the child able to: (Check all that apply)
☐ Sit up alone ☐ Pull up ☐ Crawl ☐ Walk holding on ☐ Walk without support ☐ Use assistive devices – describe.

☐ Yes ☐ No Is the child accustomed to playmates? Supply comments.

F. BEHAVIORAL / MEDICAL HISTORY

	Y	N	U	**Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes" in the appropriate Comments section.**
1.				Heart trouble, heart murmur, rheumatic fever, chest pain, irregular heartbeat, shortness of breath
2.				Serious head injury or loss of consciousness
3.				Headaches, migraines, dizziness / coordination / balance problems
4.				Seizure disorder / epilepsy
5.				Down's syndrome, autism, mental retardation
6.				Cancer, leukemia, or other malignancy
7.				Hyperactive, ADD, ADHD, needs close or constant supervision
8.				Reflux, cleft palate, choking / swallowing problems, heartburn, ulcer
9.				Fetal alcohol effect syndrome
10.				Cerebral Palsy, Muscular Dystrophy

Comments (Items H1 – H10).

	Y	N	U	
11.				Asthma
12.				Hepatitis B – Date of test (mm/dd/yyyy):
13.				Arthritis, backaches, cramps or pain in legs, polio
14.				Bursitis, sprain or dislocation of bone or joint
15.				Urinary / kidney problems, incontinence / encopresis
16.				Chronic diaper rash, impetigo
17.				Sexually transmitted disease
18.				Nausea, vomiting, jaundice, liver disease, abdominal pain, uses antacids
19.				Eats non-food items, anemia, blood problems, mononucleosis
20.				Blockage of nose, discharge, post-nasal drip, nosebleeds

Comments (Items H11 – H20).

	Y	N	U	
21.				Wheezing; bronchitis; cough, phlegm or blood; pneumonia
22.				Hearing problems, ringing ears, discharge / chronic infection, tubes
23.				Thyroid problems, high or low blood pressure
24.				Frequent therapeutic exercises done by child with foster parent's help
25.				Medical tests; e.g., CAT scan, EEG, EKG, MRI, chest x-ray, TB skin test
26.				Dental problems, baby bottle tooth decay, caps / crowns, spacers
27.				Glasses, blindness, blurred or double vision, lazy eye treatment
28.				Other medical condition(s) – specify.
29.				Sexual behavior that is harmful / disruptive
30.				Any involvement of the child as victim or perpetrator in sexual intercourse, sexual contact, prostitution (s. 944.30), sexual exploitation of a child, causing a child to view or listen to sexual activity (948.055) if the information is necessary for the care of the child or for the protection of any person living in the home.

Comments (Items H21 – H30).

	Y	N	U	
31.				Over or underreacts to separation from parents
32.				Difficulty establishing attachment to caregiver
33.				Clings excessively to parent, teacher or other
34.				Excessively / inappropriately seeks attention
35.				Difficult to soothe
36.				Bedwetting
37.				Fire setting
38.				Assaulted or abused animals
39.				Destructive to property
40.				Steals

Comments (Items H31 – H40).

	Y	N	U	
41.				Lies habitually, story-telling
42.				Physical / verbal aggression
43.				Disruptions at school
44.				Has difficulty focusing or sustaining attention
45.				Displays social / cultural conflicts
46.				Refuses to follow instruction / rules
47.				Temper tantrums
48.				Takes unusual risks with personal safety
49.				Accident prone
50.				Gorges, hoards food

Comments (Items H41 – H50).

	Y	N	U	
51.				Self-injurious (i.e., cutting, picking, hair pulling)
52.				Lethargic, apathetic, withdrawn, unresponsive
53.				Shows bizarre / severely disturbed behavior or thoughts
54.				Suicidal threats or gestures
55.				Runs away (Specify the frequency, where and with whom)
56.				Needs structured behavior management
57.				Unexplained crying spells, emotions inappropriate to situation
58.				Child has fears / phobias: ☐ Darkness ☐ Water ☐ Animals ☐ Cars ☐ Heights ☐ Others
59.				Psychiatric diagnosis

Comments (Items H51 – H59).

G. CURRENT MEDICAL NEEDS AND MEDICATION MANAGEMENT

Check illnesses the child currently has and explain any treatment. Also check previous illnesses and explain any resulting complications.

☐ 7-day measles ☐ German measles ☐ Rubella ☐ Strep throat
☐ Chicken pox ☐ Mumps ☐ Scarlet fever ☐ Whooping cough

Explain.

☐ Yes ☐ No Child has allergies. If “Yes”, check all that apply and provide details (e.g., if you checked animals, is the child allergic to all animals or only one specific type?).

☐ Animals ☐ Drugs ☐ Insect bites ☐ Stings ☐ Other – specify.
☐ Dairy products ☐ Food ☐ Soap ☐ Wool

Details.

☐ Yes ☐ No Does the child have any special medical condition? If “Yes”, check all that apply.

☐ Asthma ☐ Emotional / behavior disorder including ADD / ADHD ☐ Other condition(s) requiring special care – specify.
☐ Cerebral palsy / mood disorder ☐ Epilepsy / seizure disorder
☐ Diabetes ☐ Gastrointestinal or feeding concerns including special diet and supplements

Triggers that may cause problems.

Signs or symptoms to watch for.

Actions to be taken to respond to symptoms.

When to call placing agency / parents regarding symptoms.

When to consider that the condition requires emergency medical care or reassessment.

Additional information that may be helpful to the caregiver.

☐ Yes ☐ No Child is currently taking medications. If "Yes", enter information in the spaces provided below. If additional space is needed, attach separate sheet.

☐ Yes ☐ No Written authorization has been provided per HFS 57.25.

a. Name of Medication | Dosage / Frequency

Reason for Medication | Name – Prescribing Physician

☐ Yes ☐ No Have you provided this medication to the caregiver? If "No", explain.

b. Name of Medication | Dosage / Frequency

Reason for Medication | Name – Prescribing Physician

☐ Yes ☐ No Have you provided this medication to the caregiver? If "No", explain.

c. Name of Medication | Dosage / Frequency

Reason for Medication | Name – Prescribing Physician

☐ Yes ☐ No Have you provided this medication to the caregiver? If "No", explain.

H. SUBSTANCE ABUSE

	Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes" in the appropriate Comments section.
1.				History of drug dependency / AODA issues in family
2.				Positive for cocaine / alcohol at birth

Comments:

I. FAMILY AND SIGNIFICANT RELATIONSHIPS

FORM COMPLETED BY

Name	Agency	
SIGNATURE	Relationship to Child	Date Signed (mm/dd/yyyy)