# Pre-Placement Staffing

Community Based Care

**Purpose:** Use this form to record the discussion during a pre-placement staffing.

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| Date: | |  |
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| **Participants Name:** | | | **Relationship to the Child/Youth** | | | |
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| **Case Name:** | | | **Case ID:** | | | |
| **Adversary Hearing:** | | | **Status Hearing:** | | | |
| **Court:** | | | **Cause Number:** | | | |
| **Date Placement Needed:** | | | | | | |
| **Parents/Caretakers Name:** | **Relationship:** | **Address/Phone:** | | | **Race/Ethnicity:** | |
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| **Child(ren) Name:** | **Current Placement Type:** | **Date Placed:** | | **Age:** | **Race/Ethnicity:** | |
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| **Relatives/Others Name:** | **Relationship:** | **Address/Phone:** | | | | **Race/Ethnicity:** |
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| **Primary language of children and family:** | | | | | | | |

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| **Child’s Needs** | | |
| **Child** | **Permanency Goal** | **Concurrent**  **Permanency Goal** |
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| **CHILD**: |  |

Needs & concerns:

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Services received or needed (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

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| **CHILD**: |  |

Needs & concerns:

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Services received or needed (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

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| **CHILD**: |  |

Needs & concerns:

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Services received or needed (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

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| **CHILD**: |  |

Needs & concerns:

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Services received or needed (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

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Does any child need daycare or afterschool care? Yes No

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| If yes, please explain: |  |

Describe any placement needs the child(ren) may have:

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Describe current visitation with the parents or other family members/kin:

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**Relative/Fictive Kin Information:**

Discussion of possible relative or fictive kin resources (include resources for possible placement, visitation, or other support; efforts to locate and engage relatives/fictive kin):

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Does a Home Assessment need to be requested? Yes No

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| **Placement Options** | | | |
| **Name** | **Placement Type** | **Address/Phone** | **Race/Ethnicity** |
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Does a pre-placement visit need to be set up? Yes No

Does an ISY worker need to be requested for any child? Yes No

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| If yes, please explain: |  |

**Action items:**

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| **Action Items** | | |
| **WHO** | **WHAT** | **WHEN** |
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| **Date of service planning meeting:** | | |