



CHILD WITHOUT PLACEMENT FORM

Purpose: The caseworker uses this form to document when a child arrives in a CPS supervised setting prior to midnight and remains under CPS supervision for more than 8 hours

Directions: By 9 a.m. the morning following a child's overnight stay under DFPS supervision, the completed form is emailed by the region's designated central point of contact to the:

- State Office Placement Division (cwop@dfps.state.tx.us);
- Centralized Placement Unit (CPU);
- Residential Treatment Placement Coordinator (RTPC) involved in the search; and
- Regional Director or designee.

If the child has consecutive overnight stays, the caseworker sends an email to the region's Regional Placement Team Coordinator responsible for sending the daily report of children without placement to state office by 8:30 a.m. The email is to provide an update each day. It is not necessary to complete a new form for consecutive overnight stays.

| CHILD'S INFORMATION | | | |
|---|---|--|--|
| Child's Full Name: | | Child's PID#: | Child's Date of Birth and Age: |
| Child's Legal Region: | Child's Legal County: | | Service Level: |
| Legal Status: <input type="checkbox"/> TMC <input type="checkbox"/> PMC | Date <u>and</u> Time Child Arrived at Office: | Is Child New to CVS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of removal: | |
| Previous Placement (if child is not new to CVS) - Name of CPA, RTC, Shelter, or other | | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine | | <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander |

| CASE WORKER'S INFORMATION | | |
|---------------------------|-------------|-------|
| Primary Worker's Name: | Cell Phone: | Unit: |



REASON THE CHILD IS WITHOUT PLACEMENT

- Lack of Capacity for individual child
- Lack of Capacity for sibling group
- Child's Age
- Child Characteristics (check all that apply from the lists below)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Animal Cruelty <input type="checkbox"/> Assaultive Behavior <input type="checkbox"/> Autism <input type="checkbox"/> Bipolar <input type="checkbox"/> Child Sexual Aggression <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Emotionally Disturbed <input type="checkbox"/> Enuresis/encopresis <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Fire setting history <input type="checkbox"/> Other Behavior Problem <input type="checkbox"/> Physically Disabled | <ul style="list-style-type: none"> <input type="checkbox"/> Gang Activity/Affiliation <input type="checkbox"/> Hearing impaired <input type="checkbox"/> HIV Positive/AIDS <input type="checkbox"/> Infant alcohol addiction/prenatal exposure to alcohol/fetal alcohol syndrome or effect <input type="checkbox"/> Inhalant abuse <input type="checkbox"/> Intellectual and Developmental Disability <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Medicaid Waiver: Receiving HCS Services <input type="checkbox"/> Medicaid Waiver: Receiving MDCP/CLASS <input type="checkbox"/> Medicaid Waiver: Waiting list <input type="checkbox"/> Medically Complex <input type="checkbox"/> Medically Fragile <input type="checkbox"/> Military Dependent <input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Oppositional Defiant Disorder | <ul style="list-style-type: none"> <input type="checkbox"/> Pregnant <input type="checkbox"/> Previously Adopted <input type="checkbox"/> Psychotic Disorder <input type="checkbox"/> Reactive Attachment Disorder <input type="checkbox"/> Runaway <input type="checkbox"/> Self-Abuse <input type="checkbox"/> Sexually Acting Out <input type="checkbox"/> Sexually Transmitted Disease <input type="checkbox"/> Sibling Group <input type="checkbox"/> Speech Disabled <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Terminated International Adoption <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Tribal Member <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Youth Parent <input type="checkbox"/> Other: |
|--|--|---|



CHILD'S LOCATION WHILE WITHOUT PLACEMENT INFORMATION

Name/Location/Address Where Child Stayed While Under DFPS Supervision:

Check the Type of Location Where Child Stayed:

Office Hotel Other (Describe:)