



FOSTER & ADOPTIVE CARE COALITION
FOR EVERY CHILD... A PLACE TO CALL HOME

Extreme Recruitment Staffing

Date:

Team Members Present:

Youth Name:

Age/DOB:

Gender:

Race/Ethnicity/Culture:

Date & Reason for Protective Custody:

Court of Jurisdiction:

Case Management Agency:

Placement History (list type and length of each placement if known):

Strengths:

Current Behaviors & Safety Concerns:

- **Toward Self:**

- **Moods/emotions:**



1750 S. Brentwood Blvd., Suite 210
St. Louis, Missouri 63144

t 800.FOSTER.3
o 314.367.8373

w www.foster-adopt.org
f 314.241.0715



- **Toward Others:**

- **In Current Placement:**

- **In School:**
 - **Current grade level:**

- **In the Community (legal involvement):**

DMH or SSI applied for?

Any changes in Overall Well-Being (+/-) last 3 months? Why?

Known Relative (list names, relation, and location if known):

Connections (paid and unpaid):

Loneliness Factor (0 = not lonely; 10 = extremely lonely):

Identified Permanency Options (list name and relation to child):

- A.
- B.
- C.
- D.

5 year forecast: