



Arkansas Baptist Children's Homes
& Family Ministries

2460 SUNNY MEADOW DRIVE
JONESBORO, AR 72404
870.935.5134
RROPP@ARKANSASFAMILIES.ORG

CHILD INTAKE PACKET

AS A PRIVATE LICENSED PLACEMENT AGENCY, CFC IS REQUIRED TO HAVE THE FOLLOWING INFORMATION ON FILE. COMPLETE THIS DOCUMENT IN FULL AND RETURN PRIOR TO PLACEMENT. **THIS IS A FILLABLE FORM THAT CAN BE COMPLETED, SIGNED AND RETURNED ELECTRONICALLY.** INFORMATION UNKNOWN AT TIME OF PLACEMENT MUST BE PROVIDED WITHIN 10 DAYS OF PLACEMENT IN ORDER FOR CFC TO MAINTAIN PLACEMENT.

CHILD DEMOGRAPHIC INFORMATION	
FULL NAME First:	M.I. Last:
CFC Date of Placement:	SSN:
D.O.B.	GENDER:
RACE:	RELIGION:
PARENT(S) DEMOGRAPHIC INFORMATION	
MOTHER First:	Last:
D.O.B.	RACE: RELIGION:
ADDRESS:	
FATHER First:	Last:
D.O.B.	RACE: RELIGION:
ADDRESS:	
FAMILY SOCIAL HISTORY	
MARITAL STATUS OF BIRTH PARENTS:	
ANY LEGAL PROBLEMS, CRIMINAL CHARGES, ARRESTS OR CONVICTIONS:	
ANY KNOWN HEALTH CONDITIONS IN IMMEDIATE FAMILY:	
SIBLINGS: Include Name/Gender/DOB Name/Gender/DOB: Name/Gender/DOB: Name/Gender/DOB: Name/Gender/DOB:	
PLACEMENT INFORMATION	Date of Initial Custody:
DCFS COUNTY OF CUSTODY:	NEXT COURT DATE:
REASON FOR INITIAL CUSTODY:	
CHILD'S CURRENT LEGAL STATUS/CUSTODY:	
CHILD'S HISTORY OF PREVIOUS PLACEMENTS:	
REASON FOR CHANGE IN PLACEMENT:	

CHILD MEDICAL INFORMATION FOR ASSESSMENT OF SERVICES

MEDICAID #:

PASSE #:

PCP:

PCP Phone:

MEDICAL/PSYCHOLOGICAL HISTORY:

CURRENT PHYSICAL LIMITATIONS/MEDICAL CONDITIONS/BEHAVIORAL ISSUES:



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DCFS CONSENT FORM

CHILD'S NAME: _____ DOB: _____

I, _____, a qualified representative of DCFS, do hereby place the above-named child with ABCHFM for the purpose of Foster Care Placement.

The Division hereby requests and gives consent to ABCHFM, or duly appointed representative, for said child to receive such medical, psychological, dental, hospital, vision and/or hearing treatment as may be deemed necessary and expedient by a licensed physician or specialist.

The Division understands and gives consent that while said child is in the care of ABCHFM, he/she will attend the services and other functions of the foster parents' church with the foster parents unless prior arrangements have been made and approved by ABCHFM.

The Division gives permission and authorization for ABCHFM, or duly appointed representative, to enroll said child in school and serve in the capacity of guardian concerning academic or educational situations with the school.

The Division gives consent for said child to travel within the state of Arkansas with the foster parents or duly appointed representative of ABCHFM.

Form with fields: DATE OF REFERRAL, DATE OF PLACEMENT, CONNECTED CASEWORKER, DCFS CASEWORKER, CELL PHONE, OFFICE PHONE, EMAIL, ON CALL PHONE

CONNECTED CASEWORKER SIGNATURE _____

DCFS CASEWORKER SIGNATURE _____



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DOCUMENTATION REQUEST

CHILD'S NAME: _____ DOB: _____
DATE OF PLACEMENT: _____ FOSTER HOME: _____

This child has been placed in an ABCHFM, Inc. foster home by your county office. The following information is required within 30 days of placement in order for CFC to maintain placement.

- Birth Certificate
- Social Security Number
- Immunization Record
- Medicaid Number
- Medical Passport
- Form CFS-456 of Full Family Social History
- School Records
- Medi-Alert
- Foster Home Agreement Addendum
- Name & Contact for Attorney Ad Litum
- Name & Contact for CASA
- Dates, Times, Locations of any upcoming scheduled appointments

Please provide the following information to the Connected Case Manager as they occur:

- Court Orders and Date of Next Court Hearings
- Case Plans and Date of Next Staffing Meetings
- Psychological / Drug Assessment of Child and Parent
- PACE Evaluation or any other developmental testing results.