



9701 W. Markham St.
 Little Rock, AR 72205
 501-510-1567

Ryan.Ropp@arkansasfamilies.org
 Ritchie.McFarland@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:	
Race:.		GENDER:	DOB:
DCFS Client I.D. Number:		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			
DCFS COUNTY OF CUSTODY:		Next Court Date:	Date of Initial Custody:
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 Provider & Member ID #:

PCP:

PCP Phone:

MEDICAL/PSYCHOLOGICAL HISTORY:

CURRENT PHYSICAL LIMITATIONS/MEDICAL CONDITIONS/BEHAVIORAL ISSUES:



9701 W. Markham St.
Little Rock, AR 72205
501.410.1567

Ryan.Ropp@arkansasfamilies.org
Ritchie.McFarland@arkansasfamilies.org

DCFS Consent Form

CHILD'S NAME: _____ **DOB:** _____

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

The Division hereby requests and gives consent to CFC, 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 CFC, 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 CFC.

The Division gives permission and authorization for CFC, 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 CFC.

DATE OF REFERRAL:	DATE OF PLACEMENT:
CONNECTED CASEWORKER:	
DCFS CASEWORKER:	
CELL PHONE:	OFFICE PHONE:
EMAIL:	
ON CALL PHONE:	

CONNECTED CASEWORKER SIGNATURE _____

DCFS CASEWORKER SIGNATURE _____



9701 W. Markham St.
Little Rock, AR 72205
501.410.1567

Ryan.Ropp@arkansasfamilies.org
Ritchie.McFarland@arkansasfamilies.org

Documentation Request

CHILD'S NAME: _____ DOB: _____

DATE OF PLACEMENT: _____ FOSTER HOME: _____

This child has been placed in an CFC, Inc. foster home by your county office. The following information is required with this intake before placement can be made:

- Connected Intake Packet
- Medi-alert (CFS 362)
- Foster Home Agreement (CFS 462)
- PACE
- Previous mental health master treatment plan/discharge summary from residential placement.

The following information is required within 30 days of placement in order for CFC to maintain placement:

- Birth Certificate
- Social Security Number
- Immunization Record
- Case Plan
- School Records
- Birth Family Background (CFS 456)
- Name & Contact for Attorney Ad Litem
- 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.