



FACE SHEET For TDM Meeting

CASE TYPE

CPS-Intake/Ongoing _____
 Stabilization (Ongoing) _____
 Foster Care _____
 (Please check one)

Only fill out applicable info., for your case

NAME: _____ **DATE OF REFERRAL:** _____
DOB: _____ **Age:** _____ **CATEGORY:** _____
SOCIAL WORKER: _____ **MEDICAID #:** _____
SOCIAL WORK SUPV: _____ **DATE OF CUSTODY:** _____
GOAL: RH PWR IL Adoption **No. of PLACEMENTS (to date)** _____
LEGAL BASIS FOR CUSTODY: (eg. Abuse/Neglect, etc.) _____
ZIP CODE UPON REMOVAL _____ **NATIONALITY/RACE:** _____

CHILD'S INFORMATION:

Current Placement Name	<input type="checkbox"/> Group Home <input type="checkbox"/> TFC <input type="checkbox"/> Residential <input type="checkbox"/> Regular Foster Home <input type="checkbox"/> Other: _____
Main Contact/Phone	Name _____ Main Tel: _____ Cell _____
If Child in Congregate Care, give explanation (Why?)	

Primary Caretaker(s) on Removal: _____

	Name	Relationship to Child	Age	Race
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address: _____ Tel: _____

FAMILY INFORMATION:

Parents/Guardian's Name	Address	Phone
Sibling(s) Name(s) & Current Whereabouts		
Grandparents Name(s)		
Relative/Kin Name(s)		

Other Adults living in Removal Home? _____

Name & Age

Name & Age

Current Visitation Resources/Contacts: _____

Next Foster Care Plan Due: _____ Next Court Date: _____ Next FAPT: _____

Special Considerations, Issues or Safety Concerns: _____

Current Behavioral Information – Medical Information – Educational Information-LAST 3 MONTHS

Medical Needs	
Current Medications	
Behaviors & Symptoms	
MH Diagnosis (If applicable)	
Does Child have a P.O? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name _____ Tel: _____
Education	School: _____ Grade: _____
	Exceptionality-LD, ED, etc. (If applicable):

Additional Information/Remarks (include any information about necessary supports needed for child to successfully step-down, Barriers to Placement with Biological Family or in the Community):
