

REQUEST FOR SHELTER
Referral and Request for Shelter Continuation Sheet

(Use this sheet to provide specifics as to why the child(ren) need to be sheltered
Police reports or the Form 170 can be used in place of this form.)

Name of child(ren): MO booked in jail on warrants

*this is me
not BANG
I think was it
Richard's confused*

Date 10-10-00
Law Enforcement Officer/complainant: Karen Barnes
Department: DFS
Admitted By: Jana Bell

◆ PSYCHO-SOCIAL INFORMATION ◆

Known Inappropriate Behaviors/Acting Out (i.e. sexually acting out, suicidal, fire setting, runaway);
none

Known Substance Use/Abuse (how much, how often):

Tobacco Alcohol Other
none

Child's Observed Response/Relationship to Parents:

unknown

◆ HEALTH INFORMATION ON CHILD'S FAMILY ◆
(to be completed at time of removal from the home)

Does the child or any Family Members Suffer from any of the Following Diseases/Illnesses:

Disease/Illness	Child	Family Member Relationship to Child
Heart Disease		
Diabetes		
Hypertension		
Seizure Disorder		
Chemical Abuse (Alcohol/Drug)		
Lung Disease		
Allergies (food/drug)		
Kidney		
Mental Illness (Include ADD/ADHD)		
Other		

custodial

**** COMPLETE THE CHECKLIST FOR MENTAL HEALTH (within five days of removal) ****

SIGNATURES (Signature Indicates Receipt of Above Information)

Signature of Worker: *Joyce Barnes* Date: *10/10/00*
 Signature of Provider: *Jana Ball* Date: *10/10/00*
 Signature of Provider: _____ Date: _____

ALL ABOVE INFORMATION SHOULD BE AS COMPLETE AS POSSIBLE AND SHOULD ACCOMPANY CHILD TO SHELTER/FOSTER PLACEMENT AS WELL AS ANY MEDICAL APPOINTMENTS (FIVE DAY INITIAL HEALTH ASSESSMENT) COMPLETED FORM PART III OF CASE PLAN

DCFS Case File
Regional Health Care Coordinator
Out-of-Home Record/Shelter Foster Parent

For DCFS placement change update and complete medical information and educational transfer information, copies to file; provider/traveling packet, Regional Health Care Coordinator.