Caregiver Placement Preferences

Family Name _____

Developmentally Delayed/Learning Disability	Yes	No	Comments/Updates
Developmentally Disabled	☐	☐	
Learning Disability	☐	☐	
Speech Disability	☐	☐	
Tourette's Disability	☐	☐	

Emotional/Behavioral Diagnosis	Yes	No	Comments/Updates
ADD/ADHD	☐	☐	
Adjustment Disorder	☐	☐	
Anxiety Disorder	☐	☐	
Asperger's Disorder	☐	☐	
Attachment Disorder	☐	☐	
Autism	☐	☐	
Bipolar	☐	☐	
Child History of Sexual Abuse	☐	☐	
Conduct Disorder	☐	☐	
Depression	☐	☐	
Disruptive Behavior Disorder	☐	☐	
Dysthymic Behavior Disorder	☐	☐	
Eating Disorder	☐	☐	
Emotionally Disturbed	☐	☐	
Gender/Identity Disorder	☐	☐	
Impulse Control Disorder	☐	☐	
Mood Disorder	☐	☐	
Oppositional Defiant Disorder	☐	☐	
Paraphilia	☐	☐	
Personality Disorder	☐	☐	
Pervasive Developmental Disorder	☐	☐	
Post-Traumatic Stress Disorder	☐	☐	
Psychotic Disorder	☐	☐	
Schizoaffective	☐	☐	
Separation Anxiety Disorder	☐	☐	
Traumatic Brain Injury	☐	☐	

Exhibited Behavior	Yes	No	Comments/Updates
Abnormal Bowel Movement Behavior	☐	☐	
Aggressive	☐	☐	
Animal Cruelty	☐	☐	
Assaultive Behavior	☐	☐	
Child Alcohol Abuse	☐	☐	
Child Drug Abuse	☐	☐	
Expectant Youth After Removal	☐	☐	
Fire Setting	☐	☐	

Gang Activity/Affiliation	☐	☐	
Inhalant Abuse	☐	☐	
Prior Suicide Attempts	☐	☐	
Prostitutes	☐	☐	
Runs Away	☐	☐	
Self Abuse	☐	☐	
Sexually Acting Out	☐	☐	
Sexually Promiscuous	☐	☐	
Steals	☐	☐	
Suicide Ideations	☐	☐	
Violent	☐	☐	
Wets Bed	☐	☐	

Family History	**Yes**	**No**	**Comments/Updates**
Family History of Drug and Alcohol Abuse	☐	☐	
Family History of Mental Illness	☐	☐	
Family History of Mental Retardation	☐	☐	

Hearing/Visual Impairment	**Yes**	**No**	**Comments/Updates**
Hearing Impaired	☐	☐	
Visually Impaired	☐	☐	

Medical Diagnosis	**Yes**	**No**	**Comments/Updates**
AIDS	☐	☐	
Allergies	☐	☐	
Anemia	☐	☐	
Asthma	☐	☐	
Cancer	☐	☐	
Cognitive Disorder	☐	☐	
Diabetes	☐	☐	
Eczema	☐	☐	
Enuresis/Encopresis	☐	☐	
Epilepsy	☐	☐	
Expectant Youth	☐	☐	
Failure to Thrive	☐	☐	
HIV Positive	☐	☐	
Hepatitis	☐	☐	
Infant Alcohol/Prenatal Exposure to Alcohol	☐	☐	
Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorder	☐	☐	
Infant Going Through Withdrawal	☐	☐	
Mobility Impairment	☐	☐	
Other (Specify)-Medical	☐	☐	
Physically Disabled Disorder	☐	☐	
Rheumatic Fever, Heart Disease, Heart Murmur	☐	☐	
Sexual Disorder	☐	☐	
Sexually Transmitted Disease	☐	☐	
Sickle Cell Anemia	☐	☐	
Spina Bifida	☐	☐	
Terminal Illness	☐	☐	
Transgender	☐	☐	
Tuberculosis	☐	☐	

Mental Retardation	**Yes**	**No**	**Comments/Updates**
Downs Syndrome	☐	☐	
Intellectual Disability	☐	☐	
Mental Retardation-Diagnosed	☐	☐	

Other	Yes	No	Comments/Updates
Adoption Dissolution	☐	☐	
Family Violence	☐	☐	
Limited English Proficiency	☐	☐	
Military Dependent	☐	☐	
None (Non-Special Needs)	☐	☐	
Previously Adopted	☐	☐	
Sibling Group	☐	☐	
Suspected Child of Commercial Sexual Exploitation	☐	☐	
Tribal Member	☐	☐	
Unaccompanied Homeless Youth	☐	☐	

Child Race/Ethnicity (Check all that apply)	Yes	No	Comments/Updates
American Indian/Alaska Native	☐	☐	
Asian	☐	☐	
Black/African-American	☐	☐	
Black and White	☐	☐	
Native Hawaiian/ Other Pacific Islander	☐	☐	
White	☐	☐	
Hispanic/Latino	☐	☐	
Not Hispanic/Latino	☐	☐	
Unable to Determine	☐	☐	

Approved Capacity: ☐ Approved Gender: ☐ Male ☐ Female ☐ Both

Approved Male Age Range: ☐ Min Yr. ☐ Min Month ☐ Max Yr. ☐ Max Month

Approved Female Age Range: ☐ Min Yr. ☐ Min Month ☐ Max Yr. ☐ Max Month

Room Board and Watchful Oversight (RBWO) Designation:

(To be used by Child Placing Agencies Only)

☐ BWO ☐ MWO ☐ SBWO ☐ SMWO ☐ SMFWO ☐ Respite Only

Primary Caregiver Signature Date

Secondary Caregiver Signature Date

This form is to be completed by the case manager/contractor with the family during the home visit. This form is not to be left with the family.