

PLACEMENT REQUEST

This form is to be submitted prior to the placement of any child(ren) in the home of a child welfare agency employee with the exception of emergency shelter care. All emergency shelter care placements must have the form completed by end of the next business day following placement of the child(ren).

Employee/Provider Name: Date:

Employment Position: Phone:

Office: Supervisor:

Foster Care License Effective Date: _____

Child(ren) Caseworker:

Child Welfare Agency: CCDFS DCFS WCDSS

Child Name & Age:

Child Name & Age:

Child Name & Age:

Disclosure statement (This narrative should describe how you came to know about the child[ren]; historical and current relationship with the child[ren]; professional relationship, if applicable; as well as intentions regarding permanency, i.e. foster, adoption, flexible family resource). Attach additional sheet if necessary.

Employee Signature

Date

Program Manager Signature

Date

Administrator or Designee Signature

Date