

INTAKE INFORMATION – GROUP FOSTER HOME RESIDENT

Use of form: Use of this form is voluntary; however, completion of this form for placement in the resident record will provide base information in accordance with DCF 57.38(1) of the Wisconsin Administrative Code. Personally identifiable information gathered on this form will be used only to determine compliance with licensing regulations. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. For a complete listing of resident record requirements, see the DCF-F-CFS379, Child Record Checklist – Group Foster Homes. If additional space is needed when completing this form, attach separate sheet(s).

Instructions: If the facility is a family-operated group home, a DCF-F-CFS872A-E, Information for Physical Custodians – Part A and a DCF-F-CFS872B-E, Information for Physical Custodians – Part B must also be completed.

I. RESIDENT INFORMATION

Name – Last		Name – First		Alias (Nickname)	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Placement (mm/dd/yyyy)		Check all that apply:	
Religious Preference (Child or Family)			<input type="checkbox"/> Voluntary placement	<input type="checkbox"/> Court-ordered placement	
			<input type="checkbox"/> Custodial parent	<input type="checkbox"/> Expectant mother	
			<input type="checkbox"/> Respite care	<input type="checkbox"/> Homeless / runaway youth	

II. PLACING AGENCY / PARENT / GUARDIAN / LEGAL CUSTODIAN RESPONSIBLE FOR RESIDENT

Name		Relationship to Child <input type="checkbox"/> Placing agency <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Legal custodian	
Physical Address		Mailing Address, if different	
Telephone Number – Home		Telephone Number – Work	Telephone Number – Cell

III. EMERGENCY CONTACTS

A. Name – Agency to be contacted in an emergency		Name – Contact Person		Relationship to Child	
Address (Street, City, State, Zip Code)			Telephone Number		
B. Name – Person to be contacted in an emergency		Relationship to Child			
Address (Street, City, State, Zip Code)			Telephone Number		
C. Name – Physician to be contacted in an emergency		Telephone Number			
Address (Street, City, State, Zip Code)					

IV. HEALTH INFORMATION

A. Name – Physician to be contacted in an emergency		Telephone Number	
Address (Street, City, State, Zip Code)			

B. Name – Dentist to be contacted in an emergency	Telephone Number
Address (Street, City, State, Zip Code)	

C. Allergies (including allergies to food or medication) – Specify.

D. Physical Limitations – Specify.

E. Medications and Treatments – Specify.

F. Illnesses and Accidents – Specify.

V. SCHOOL INFORMATION

Name	Current Grade	Telephone Number
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VI. INVENTORY OF RESIDENT CLOTHING AND POSSESSIONS AT PLACEMENT

Name – Person Completing Form	Position	Date Completed (mm/dd/yyyy)
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