

BGHNC Placement Application

Date of Application:

Date Placement is Needed:

Type of Placement Requested:

Reason for Referral:

- placement disruption from caregiver
- disruption from group home
- first time coming into care

Current placement length: Days: ____ Weeks: ____ Months: ____ Years: ____

of Previous Placements: Level 1: ____ Level 2: ____ Level 3: ____ Level 4: ____

Child's Demographic Information

Name of Child:

Nickname:

Social Security Number:

Gender: ☐ Male ☐ Female

Date of Birth:

Age:

Medicaid Number:

County:

Weight:

Height:

Current Address:

Place of Birth:

Primary Language:

Distinguishing Features:

DSS Information:

Legal Guardian

Assigned Assessment/Foster Care Social Worker:

Address:

Phone Number: E-mail:

Guardian Ad Litem:

Phone Number:

Medical Information:

List of current meds:

List of previous meds:

Is child compliant with taking meds:

Name of medication provider:

Medical concerns/diagnosis/special accommodations:

Referring Social Worker:

Agency Contact Person:

Phone Number:

E-mail Address:

Clinical Diagnostic Information:

| | | |
|-------------------|--------------|----------------|
| Diagnosis: | Date: | Source: |
| | | |
| | | |

Trauma History: ☐ Neglect ☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ None

If checked please provide a written description:

Does child have a CCA completed?

Date of last CCA?

Level of care recommended on last CCA:

Current Emotional/Behavioral Concerns:

| | | |
|--|--|---|
| <input type="checkbox"/> Abandonment Issues | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Antisocial Behavior | <input type="checkbox"/> Stool/Feces smearing |
| <input type="checkbox"/> Assaultive (Physical) | <input type="checkbox"/> Assaultive (Sexual) | <input type="checkbox"/> Assaultive (Verbal) |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Depression: |
| <input type="checkbox"/> Property Destroying | <input type="checkbox"/> Fire Setter | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Loss/Grief Difficulties | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Parent Neglect Issues: |
| <input type="checkbox"/> Perception of Reality | <input type="checkbox"/> Phobic Behavior | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Self-Destructive Behavior | <input type="checkbox"/> Sibling Related Difficulty | <input type="checkbox"/> Oppositional |
| <input type="checkbox"/> Social Immaturity | <input type="checkbox"/> Sexually Inappropriate Behavior | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Running Away | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Unruly/Ungovernable | <input type="checkbox"/> Cruelty to Animals | <input type="checkbox"/> Hygiene/Cleanliness Issues |
| <input type="checkbox"/> Problems with Sleep: | <input type="checkbox"/> Gang Related Activity | <input type="checkbox"/> History w/Weapons |

Aggressive Behaviors:

Verbally aggressive: ☐ Yes ☐ No

How often? children

Describe (in detail what this looks like):

Physically aggressive: ☐ Yes ☐ No

How often?

Describe (in detail what this looks like): throwing things, using objects as weapons, self-harm

Property Damage: ☐ Yes ☐ No

How often?

Describe (in detail what this looks like):

Has the behavior resulted in injury to others? ☐ Yes ☐ No

Describe (in detail what this looks like):

Any criminal charges? ☐ Yes ☐ No

Please describe: Assault on an officer and resisting an officer

Aggression is: ☐ impulsive ☐ planned ☐ instrumental ☐ triggered by fearfulness

Main targets of aggression: ☐ peers ☐ authority figures ☐ family members

Where is member aggressive? ☐ home ☐ school ☐ community

Describe any known triggers:

Please describe the most recent episode of aggression:

Additional Comments:

Please use this space to include any additional comments that may support this application: