

CHILD WITHOUT PLACEMENT FORM

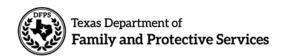
Purpose: The caseworker uses this form to document when a child arrives in a CPS supervised setting prior to midnight and remains under CPS supervision for more than 8 hours

Directions: By 9 a.m. the morning following a child's overnight stay under DFPS supervision, the completed form is emailed by the region's designated central point of contact to the:

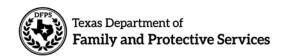
- State Office Placement Division (cwop@dfps.state.tx.us);
- Centralized Placement Unit (CPU);
- Residential Treatment Placement Coordinator (RTPC) involved in the search; and
- Regional Director or designee.

If the child has consecutive overnight stays, the caseworker sends an email to the region's Regional Placement Team Coordinator responsible for sending the daily report of children without placement to state office by 8:30 a.m. The email is to provide an update each day. It is not necessary to complete a new form for consecutive overnight stays.

CHILD'S INFORMATION							
Child's Full Name:		Child's P	ID#:	Child's	Date of Birth and Age:		
Child's Legal Region:	Child's Legal Coun	ty:		Service	Level:		
Legal Status: TMC PMC	Date <u>and</u> Office:		<u>I</u> Time Child Arrived at		Is Child New to CVS? Yes No If yes, date of removal:		
Previous Placement (if child is not new to CVS) - Name of CPA, RTC, Shelter, or other							
Ethnicity: Hispanic Other	Blac	Race: White Black Unable to Dete		Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander			
CASE WORKER'S INFORMATION							
Primary Worker's Name:			Cell Phone:		Unit:		



REASON THE CHILD IS WITHOUT PLACEMNT						
Lack of Capacity for individual child Lack of Capacity for sibling group Child's Age Child Characteristics (check all that apply from the lists below)						
ADD/ADHD	Gang Activity/Affiliation	Pregnant				
Animal Cruelty	Hearing impaired	Previously Adopted				
Assaultive Behavior	HIV Positive/AIDS	Psychotic Disorder				
Autism	Infant alcohol addiction/prenatal	Reactive Attachment Disorder				
Bipolar	exposure to alcohol/fetal alcohol syndrome or effect	Runaway				
Child Sexual Aggression	Inhalant abuse	Self-Abuse				
Conduct Disorder	Intellectual and Developmental Disability	Sexually Acting Out				
Depression	Limited English Proficiency	Sexually Transmitted Disease Sibling Group				
Developmental Delay	Medicaid Waiver: Receiving HCS					
Developmental Disability	Services	Speech Disabled				
Down Syndrome	☐ Medicaid Waiver: Receiving MDCP/CLASS	Spina Bifida				
Eating Disorder	Medicaid Waiver: Waiting list	Terminal Illness				
Emotionally Disturbed	Medically Complex	Terminated International Adoption				
Enuresis/encopresis	Medically Fragile	☐ Traumatic Brain Injury☐ Tribal Member☐ Visual Impairment☐ Youth Parent				
Failure to thrive	Military Dependent					
Fire setting history	Mobility Impaired					
Other Behavior Problem	Mood Disorder					
Physically Disabled	Oppositional Defiant Disorder	Other:				



CHILD'S LOCATION WHILE WITHOUT PLACEMENT INFORMATION					
Name/Location/Address Where Child Stayed While Under DFPS Supervision:					
Check the Type of Location Where Child Staye	ed:				
Office Hotel Other (Describe:)				