

DoubleCreek Intake Sheet

Foster Child's Name:

Today's Date

Info taken by:

Foster Parent Name:

Phone Number:

Address:

Case Manager:

County:

Email:

DCS Youth Villages Omni Visions Other _____

Phone Number:

Childs ID#

SS#

Child's Name

Nickname

Age

DOB

Boy/Girl

How many in group

Biological/Foster

PCP

Phone #

Copy of Insurance Card

Medical issues:

Medication Allergies?

Food Allergies:

Prescription Medications:

Name

When To Give

Dosage

1.

2.

3.

Purpose of Visit:

DOUBLECREEK REWARD Day only/Overnight

Emergency Placement How many nights:

Respite How many nights:

Start date of visit: End date of visit:

Any Behavior issues?

Can they be with other children in the house?

Can they be mixed with other gender children?
If no, please explain:

Favorite Foods:

Favorite Games/Toys:

Top 2 Behavior Challenges:

1.

2.

Foster Parent's method of "Time Out"

Comments: