



THE CENTRAL MISSOURI
**Foster Care
 & Adoption**
 ASSOCIATION



**Direct Services
 intake request form**

| Placement information | | | |
|---|------|--|------|
| Caregiver name: | | Caregiver name: | |
| DOB: | Age: | DOB: | Age: |
| Race: | | Race: | |
| Phone: | | Phone: | |
| Email: | | Email: | |
| Address: | | County: | |
| Caregiver gender: | | Caregiver gender: | |
| Caregiver sexual orientation: | | Caregiver sexual orientation: | |
| Special caregiver classification: <input type="radio"/> Deaf/hearing impairment <input type="radio"/> Blind/visual impairment <input type="radio"/> Homelessness <input type="radio"/> Nonverbal <input type="radio"/> Immigrant/refugee/asylum seeker <input type="radio"/> LGBTQ+ <input type="radio"/> Veteran <input type="radio"/> Cognitive/physical/mental disability <input type="radio"/> Limited English proficiency <input type="radio"/> Other _____ | | | |
| Total number of youth in home: | | Number of relative children in the home: | |
| Number of kinship children in the home: | | Number of foster children in the home: | |
| Number of adoptive children in the home: | | Number of biological children in the home: | |
| Annual household income: | | Total number of individuals in home: | |
| Language spoken in the home: | | | |

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|---|---|---------------------------------|----------------|
| Child's full name: _____ | | DOB: _____ | Age: _____ |
| Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other _____ | | Placement type: _____ | |
| Placement reason: _____ | | | |
| Race: <input type="radio"/> Black/African American <input type="radio"/> White/Caucasian <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> Native American <input type="radio"/> Multiracial <input type="radio"/> Asian <input type="radio"/> Other | | | |
| County: _____ | Date child entered care: _____ | Caseworker / agency: _____ | |
| Clothing sizes: <input type="radio"/> Infant <input type="radio"/> Toddler <input type="radio"/> Youth <input type="radio"/> Adult | | Tops: _____ | Bottoms: _____ |
| Shoe size: _____ | Diaper size: <input type="radio"/> Pre <input type="radio"/> NB <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 | | |
| Pull ups size: <input type="radio"/> 2T/3T <input type="radio"/> 3T/4T <input type="radio"/> 4T/5T | Favorite color: _____ | | Grade: _____ |
| School supplies: <input type="radio"/> Yes <input type="radio"/> No | Car seat needed: <input type="radio"/> Yes <input type="radio"/> No | Type of car seat: _____ | |
| Height: _____ | Weight: _____ | Child sexual orientation: _____ | |
| Special child classification: <input type="radio"/> Deaf/hearing impairment <input type="radio"/> Blind/visual impairment <input type="radio"/> Homelessness <input type="radio"/> Nonverbal <input type="radio"/> Immigrant/refugee/asylum seeker <input type="radio"/> LGBTQ+ <input type="radio"/> Cognitive/physical/mental disability <input type="radio"/> Limited English proficiency <input type="radio"/> Other _____ | | | |

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|--|-------------------|--------------------|--|
| Resources needed: | | | |
| <input type="radio"/> Twin bed frame <input type="radio"/> Twin mattress <input type="radio"/> Bunk bed <input type="radio"/> Crib <input type="radio"/> Crib mattress <input type="radio"/> Toddler bed <input type="radio"/> Twin Bedding <input type="radio"/> Toddler bedding <input type="radio"/> Crib sheets <input type="radio"/> Begin Again Backpack <input type="radio"/> Dresser <input type="radio"/> Fire extinguisher <input type="radio"/> Smoke detector / carbon monoxide detector | | | |
| Car seat installed <input type="radio"/> Yes <input type="radio"/> No | Technician: _____ | Vehicle make _____ | |
| Vehicle model: _____ | | | |

| | |
|---------------|-------------|
| Source: _____ | Cost: _____ |
|---------------|-------------|