



OSAGE NATION SOCIAL SERVICES

Social Services/ICW
255 Senior Drive
Pawhuska, OK 74056
(918) 287-5335
1 (800) 460-4615
Fax (918) 287-5231

Placement Provider Information Report

Date of Placement: _____ Caseworker: _____ Title: _____ Supervisor: _____ Contact #s: Office _____ Cellular _____	Placement Provider: _____ _____ Address: _____ _____ Contact #s: Home _____ Work _____ Cellular _____ Other _____
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Name of Child Placed: _____	Sex _____	Age _____	DOB _____	Social Security # _____
Removal date from own home: _____ # of months in foster care: _____ # of placements: _____				
Most recent placement type: _____ Date of most recent placement: _____				
Previous placements include: <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Juvenile Detention				
Child has been a runaway from previous placements: <input type="checkbox"/> Yes <input type="checkbox"/> No # of times AWOL _____				
Summary: _____ _____				

Child's Health Information:	<u>Condition</u>	Medicaid Card Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Overall Physical Health	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	Medicaid #: _____
Overall Mental Health	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	Insurance: _____
Overall Behavioral Health	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	_____
Child's health history includes the following:	# of Incidents	Date of Most Recent Incident
<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional abuse by parent/caretaker	_____	_____
<input type="checkbox"/> Violent behaviors toward other persons, property, or animals	_____	_____
<input type="checkbox"/> Verbal or physical threats of harm toward others	_____	_____
<input type="checkbox"/> Self-harming behaviors	_____	_____
<input type="checkbox"/> Suicidal ideations, attempts	_____	_____
<input type="checkbox"/> Deviant or provocative sexual behaviors	_____	_____
<input type="checkbox"/> Alcohol <input type="checkbox"/> Nicotine <input type="checkbox"/> Substance use	_____	_____
Immunizations: <input type="checkbox"/> Current <input type="checkbox"/> Record Provided	Child's Physician _____	
Allergies: _____	_____	
Current Prescribed Medications:	Dosage	Prescribed for
_____	_____	_____
_____	_____	_____

Provide brief description of health condition concerns:

SCHOOL INFORMATION

Last School Attended: _____ **City** _____

Current Grade Level: _____ **School Performance:** Poor Average Good Excellent

School Grades Provided **School Attendance:** Poor Average Good Excellent

Child's educational history includes the following: Detentions Suspensions Expulsions Retentions
Summary:

Child's extracurricular activities:

Child's hobbies:

Other information:

COURT INFORMATION

Child's Status: Adjudicated Deprived Adjudicated Delinquent Adjudication Pending

Next Court Hearing: _____ **Type:** _____

Child's Attorney/GAL: _____ **Phone #:** _____

VISITATION/CONTACT INFORMATION

Child's Child-Family Contact Plan Attached: Yes No

Child's Visits/Contacts with Parent/Family/Others Restricted or Prohibited: Yes No

Visitation Restrictions/Prohibitions:

Other Contact Restrictions/Prohibitions: