A Coming of Age
Foster Family Agency

Emergency Identification & Standard Appraisal Form

General Background Information:

Minor's Name: _____ Ethnicity: _____ Gender: _____

DOB: _____ DOP: _____ Age: _____

[ ] Department of Children's Services [ ] Probation [ ] Mental Health [ ] Other

Placement Worker: _____ Phone: _____

Address: _____ FAX: _____

_____

Case Name: _____ Case Number: _____

Certified Parent: _____ Phone: _____

Address: _____

_____

Name, Address & Telephone Number of child's parent(s):

Name, Address & Telephone Number of adult(s) child was living with immediately prior to placement:

Name, Address, Telephone & relationship of person(s) to contact in case of emergency, when child's authorized representative cannot be contacted:

Religious Preference
Name, Address & Telephone Number of clergyman or religious advisor, if any:

Ambulatory Status: (i.e. able to demonstrate the mental and physical ability to leave a building without the assistance of a person or use of a mechanical device.) An ambulatory person must be able to do the following:

Yes	No	
[ ]	[ ]	Able to walk without any physical assistance
[ ]	[ ]	Mentally and physically able to follow signals and instructions for evacuation.
[ ]	[ ]	Able to use evacuation routes, including stairs, if necessary
[ ]	[ ]	Able to evacuate reasonably quickly.

Status [ ] Ambulatory [ ] Non-ambulatory

Health: Describe the overall health and any health limitations, including special diets, if any. List currently prescribed medications, major illnesses, surgery, accidents and hospitalizations, including length, if any.

Tuberculosis Information: Date of most recent TB test: _____

Results	[ ] Positive	[ ] Negative	
Any known history of TB in applicant's family	[ ] Yes	[ ] No	[ ] Unknown
Any recent exposure to anyone with TB?	[ ] Yes	[ ] No	[ ] Unknown
Any recent exposure to anyone with TB?	[ ] Yes	[ ] No	[ ] Unknown

Physical and Mental Disabilities: Describe any physical limitations including vision, hearing and speech, if any. Describe any symptoms of forgetfulness, confusion, and/or withdrawal, if any.

_____	_____	_____
Signature of Person Completing Form	Title	Date