



Series: 400: Placement
Policy Name: Placement of Children in Licensed Out-of-Home Care
Policy Number: 401
Origination Date: 4/21/03 **Revision Date:** 9/1/2023
Regulation: Section 39.532, Florida Statutes
Section 39.402, Florida Statutes
Family First Prevention Services Act (FFPSA)

Attachments: Comprehensive Placement Screening, Assessment & Staffing Form
Circuit 19 Interagency Agreement for Out-of-Home Placement of Children

Policy: It is the policy of Communities Connected for Kids (CCKids) to ensure that children are placed in the least restrictive, most appropriate setting possible.

Procedure:

1. For any out-of-home licensed foster care placement requests, the child welfare professional seeking placement (Child Protective Investigator (CPI) or Dependency Case Manager (DCM) will contact CCKids Placement Services via the Placement On-Call Number at **772-985-9756**. This number is operated 24 hours/day, 7 days/week, 365 days/year.
2. Initial shelters into licensed out of home care will follow the *Circuit 19 Interagency Agreement for Out-of-Home Placement of Children* attached to this policy.
3. Placement Specialists will complete a comprehensive placement assessment using the *CCKids Comprehensive Placement Screening & Assessment Form* (attached) in order to determine the level licensed out-of-home care needed by the child and match the child with the most appropriate placement. Information gathered and assessed includes, but not limited to:
 - a. Medical needs
 - b. Developmental needs
 - c. Mental health needs
 - d. Medication history, including psychotropic medications
 - e. Behavioral health needs
 - f. Alleged type of abuse or neglect and trafficking history
 - g. Community ties and school placement, including educational needs
 - h. Siblings, including a sibling that has been previously adopted or is in an adoptive placement



- i. Identity and culture
 - j. Age, maturity, hobbies or activities, and preference for placement
 - k. Any considerations or needs for a behavior management or care precautions plan
 - l. DJJ history or involvement to include any court-order sanctions
 - m. Any pending home studies on relative or non-relatives
 - n. Contact information for parents (for comfort calls as applicable)
 - o. For placement changes, reason for change request as well as any new or significant information that needs to be considered for a placement match.
4. Based on the information collected, a determination for a level of care recommendation will be made. It is possible that a child could be appropriate for more than one placement setting
- a. Licensed family foster home
 - b. DCF licensed child caring agency (group home) setting such as an emergency shelter, safe house, at-risk of sex trafficking, maternity home
 - c. Other types which would include additional authorizations outside of the CCKids Placements Services Department (specialized therapeutic foster care, therapeutic group/qualified residential treatment program, Agency for Persons with Disabilities-placements)

Placement Matching

Placement Specialists will commence a placement search according to the recommended level of care as assessed by the *CCKids Comprehensive Placement Screening, Assessment & Staffing Form*. All available options are considered for best match to the child's needs in the most family-like, least restrictive setting available. Consideration includes input from DCMs, CPIs, and the child or young person in needs of placement whenever available and appropriate.

1. Licensed Family Foster Homes
 - a. Requests for placements are sent out to all contracted Child Placing Agencies. A strength-based narrative introducing the need for placement is emailed along with the completed *CCKids Comprehensive Placement Screening & Assessment Form*. Additional documents are provided as available and/or requested.
 - b. Child Placing Agencies assess their network of licensed foster homes for available matched and present options to the CCKids Placement Specialist for consideration.
2. DCF Licensed Child Caring Agencies (Group Homes)
 - a. CCKids Placement Services maintains a statewide list of shelters, at-risk group homes and mommy & me programs.



- b. Placement Specialists make every effort to match children recommended for group home placement to a group home closest to their removal county.
 - c. Requests for placements are sent out to designate points-of-contacts for each group home admission team. A strength-based narrative introducing the need for placement is emailed along with the completed *CCKids Comprehensive Placement Screening & Assessment Form*. Additional documents are provided as available and/or requested.
 - d. Placement Specialist will assist in the coordination of interviews if requested.
3. APD Licensed Group Home
- a. For children with an APD-eligible diagnosis in need of placement, CCKids may request placement placements through the APD Centralized Placement Unit.
 - b. CCKids Placement Supervisor will submit a completed APD *Residential Referral Form* and will submit completed referral to Residential.Referrals@apdcares.org additional documentation will be provided upon request.
 - c. APD Centralized placement unit will review referrals and conduct a matching process amongst their licensed providers. Any matches will be forwarded to the Placement Supervisor.
 - d. Placement Specialist will assist in the coordination of interviews if requested.
4. Medical Foster Care
- a. For children with medically complex needs, a medical foster care home (MFC) may be considered.
 - b. Placement Specialists will forward a Children's Multidisciplinary Assessment Team (CMAT) referral packet to the DCM or CPI requesting placement for completion. In addition to the completed referral, DCM/CPI will need to include supporting documentation of medical needs and the shelter order.
 - c. Placement Specialists will forward completed packet and supporting documentation to CMAT team and will ensure that CCKids Nurse Care Coordination (NCC) is included in all correspondences.
 - d. NCC will verify the child's insurance and if an enrollee on the Sunshine Health Child Welfare Specialty Plan and will make notifications to the plan as appropriate. If the child is not an enrollee on the Sunshine Health Plan, the NCC will monitor the CMAT process and provide support and linages to the child's MMA plan as needed.
 - e. CMAT team will communicate with Placement Specialist concerning the date and time of the eligibility staffing. The Placement Specialist will share this information with DCM and NCC. The CMAT team has up to 10 days upon receipt of completed referral packet to schedule this staffing. Once the staffing is held, CMAT will determine if child is appropriate for MFC and the level the child qualifies for. This information is then sent by the CMAT team to the



Medical Foster Care Team. The Placement Specialist will follow-up with the Medical Foster Care Team within 48 hours regarding the efforts to secure a MFC home. Once placement is identified, the Placement Specialist will communicate the placement information to the DCM and NCC.

- f. In the absence of a MFC home, another licensed placement will be sought. If needed, placement will follow up bi-weekly to see if a MFC home has been located.
5. Safe House
 - a. Children assessed through the Human Trafficking Tool that are found to be suspected victims or victims of human trafficking, will be referred to statewide safe houses.
 - b. The child welfare professional will complete a human trafficking tool as required by FS 39.524, FAC 65C-43, CFOP 170-14.
 - c. The placement specialist will utilize the tool to locate the most appropriate placement for the youth.
 6. Specialized Therapeutic Foster Care (STFC), Therapeutic Group Care (TGC)/Qualified Residential Treatment Programs (QRTP), Psychiatric Residential Treatment Center (PRTC)/Statewide Inpatient Psychiatric Program (SIPP)
 - a. Children assessed as possibly benefitting from a higher level of therapeutic care will be referred to the CCKids Clinical Team for a child specific staffing to ensure that all behavioral health needs are addressed and considered, including less-restrictive alternative that may offer comparable benefits (See Policy 208: Child Specific Staffings)
 - b. CCKids Placement Services Team will work collaboratively with the CCKids Clinical Team once it has been determined/recommended for a child to be placed into a higher level of therapeutic care. CCKids will take the lead on clinical placement matching as outlined in policy 404: Therapeutic Level of Care Recommendations and Placement Changes.

Once placement is confirmed, the Placement Specialist will provide DCM with the caregiver information to include address and contact numbers. DCM is responsible for ensuring procedure for requesting a placement change multidisciplinary team meeting is followed per policy 319: *Multidisciplinary Team Meetings*.

DCM will make contact with the caregiver to make arrangements for bringing the child(ren) to them, including an estimated time of arrival. The DCM is responsible for maintaining contact with the caregiver and inform them of any delays, etc. The Placement Specialist will provide a custody letter to the child placement agency or caregiver via email.

The DCM is responsible for delivering the child resource record (Green Book) to the caregiver at the time the child is brought to the placement as well as any psychotropic medication, durable medical equipment (DME), Partnership Plan (if applicable) and/or other items that belong to the child.



DCM will need to complete a uRefer within 1 business day as either an Initial Placement or Placement Change as applicable.

Respite

Foster parents are eligible to receive 12 days of respite per Fiscal year. The foster parent must contact the Licensing Specialist with their Child Placing Agency to request respite care. Child Placing Agencies will work to accommodate respite needs within their network of homes and will notify CCKids Placement Supervisor and DCM as to where the child will be going. If Child Placement Agency is unable to accommodate the respite request, they will need to contact CCKids Placement Supervisor for assistance with finding other respite arrangements.

Targeted Recruitment Efforts

Family First Prevention Services Act (FFPSA) prioritizes keeping families together and established limits on the types of out of home placements are eligible for child welfare dollars, focusing on placements in family foster care homes. Targeted recruitment focuses on children who are placed in congregate care and siblings who are separated. Children placed in licensed care are reviewed weekly. The CCKids Placement Services Team connects with DCMs on any significant case events that would impact a potential move including pending reunifications, or moves to relatives or non-relatives; then works closely with child placing agencies to identify licensed foster homes as well as the current caregivers to ensure proper transitions.

DocuSigned by:
Approved: Carol Deloach
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Carol Deloach, CEO

**Circuit 19
Interagency Agreement
For Out-of-Home Placement of Children
(Exhibit B)**

Purpose

The purpose of this Interagency Agreement is to coordinate removals by the Child Protective Investigation Units in Indian River, Martin, Okeechobee and Saint Lucie Counties and intake & placement into licensed foster care provided through CCKids.

Communities Connected for Kids (CCKids) and the Department of Children & Families (DCF) Child Protection Investigation Units in Indian River, Martin, Okeechobee and Saint Lucie Counties agree to the following:

A. Placement Notification:

The CPI will contact CCKids Placement Services and provide sufficient information to determine the most appropriate available placement.

1. For an out of home safety plan involving initial foster care placement the CPI will contact Placement by calling the on-call number: 772-985-9756.
2. CPI will forward the completed Comprehensive Placement Assessment (CF-FSP 5438) to the CCKids Placement Specialist via email, if available.
3. CPI will gather and provide information, which is known at the time of request, including, but not limited to:
 - Medical needs
 - Developmental needs
 - Mental health needs
 - Medication history, including psychotropic medications
 - Behavioral health needs
 - Alleged type of abuse or neglect and trafficking history
 - Community ties and school placement, including education needs
 - Current placement decision related to any siblings, including a sibling that has been previously adopted or is in an adoptive placement.
 - Child's age, maturity, hobbies or activities, and preference for placement
 - Any considerations or needs for a behavior management or care precautions plan
 - Any pending home studies on relatives or non-relatives
 - Contact information for parents. (CPI will need to educate parent about comfort calls)

B. Supervision

1. The Placement Specialist completing the intake call with the CPI will send out email notification to the CPI, CPIS and PA as well as to the CCKids notification email group confirming the intake process has been completed and starts the four-hour window. The placement intake can be completed over the phone if comprehensive information on the child(ren) is known or the Comprehensive Placement Assessment is received by the placement specialist.
2. If the CPI is unable to reach the Placement Unit directly, and must leave a voicemail message, a return call should be received within 15 minutes. If a return call is not received within 15 minutes, the CPI/CPIS should call the Placement Supervisor at 772-710-7804.
3. The Placement Specialist will provide an update to the CPI no later than the two hour (2) mark and will continue with updates hourly until placement is confirmed or until the four-hour mark is reached, whichever occurs first.
4. Once placement has been obtained, The Placement Specialist will provide CPI with the caregiver information to include address and contact numbers. CPI will contact the caregiver within 30 minutes of receiving this information to make arrangements for bringing the child to them, including an estimated time of arrival. The CPI is responsible for maintaining contact with caregiver and informing them of any delays, etc.
5. The CPI will prepare and deliver the Child Resource Record (Green Book) to the caregiver at the time the child is brought to placement.
 - a. If the child is coming into care with medication prescribed, the CPI will provide the caregiver with the appropriate court order upon receipt and/or parental authorization for continued medication administration as outlined in F.A.C. **65C-35.006**. The authorization shall be documented on the "Emergency Intake" form, CF-FSP 5314 with the medication to be entered into the medication log.
6. If placement has not been identified and the CPI is transporting the child(ren) to the agreed upon designated location for ongoing supervision and placement, the CPI will be responsible to deliver the Child Resource Record, Partnership Plan, Child Placement Agreement(s), if applicable, and the applicable court-order and/or signed form CF-FSP 5314 to the receiving Dependency Case Manager.
7. CCKids Placement Specialist will provide the custody letter to the child placing agency or caregiver via email.

8. If at any time during the search for placement, alternate arrangements are made (relative, non-relative, etc.) CPI will immediately notify CCKids Placement Specialist.
9. **If placement is not identified within four (4) hours**, the CPI will be advised by the CCKids Placement Specialist to transport the child to the designated agreed upon prearranged location for ongoing supervision and transportation of the child. The CCKids Placement Specialist will be responsible for contacting Case Management to ensure they are ready to receive the children and provide all information gathered about the children to case management. Contact with Case management begins with the confirmation of the intake email notification outlined in B-1. This email notification group will be copied on all placement updates until placement is confirmed.

C. **Children in Hospitals/Mental Health Facility/Juvenile Facilities:** For cases that involve children who are admitted to a hospital, crisis stabilization unit (CSU), juvenile detention center (JDC) or juvenile assessment center (JAC), and;

- are sheltered (the child is deemed unsafe and the decision is made to shelter), and **ready for discharge**, placement efforts will commence upon completion of the intake.
- If the child is sheltered but not ready for discharge at the time the initial call to placement is made, the four (4) wait time will not begin until discharge. Placement will initiate search upon completion of placement intake.
- CPI will transport the child to the placement if identified and available within four (4) hours. If placement is not available within four hours, CCKids will arrange for pick-up of the child from the CPI, and provide on-going supervision, and transportation of the child to placement as outlined above.

D. **Placement Changes**

1. CPI is legally responsible for making the decision to shelter children and thus are responsible for physically removing the children from their home/location and bringing them to their first out-of-home placement.
2. CCKids CMO will provide transportation for any subsequent movement between licensed foster homes once CCKids is assigned as secondary on the case.
3. If any subsequent moves need to occur before CCKids is assigned as secondary on the case (for example, a temporary placement for the evening or through the weekend or holiday), and there is an identified placement by the predetermined pick-up time, the CPI will transport the child to the new placement
4. If any subsequent moves need to occur before CCKids is assigned as secondary on the case (for example, a temporary placement for the evening or through the weekend or holiday), and there is not an identified placement by the predetermined pick up time the following day, the CCKids CMO will transport the child to the new placement.

5. A urefer will be completed within 1 business day by CPI if a child is moved by CPI between placements after the initial placement. For example, if the child is placed in licensed care or a relative and the next day the shelter is denied; a urefer will be completed notifying of the placement change, end of removal episode and a living arrangement will need to be entered into FSFN.
6. The modification of placement of children from licensed care to unlicensed care or between unlicensed levels of care will be in compliance with MDT policy.



COMPREHENSIVE PLACEMENT SCREENING, ASSESSMENT & STAFFING FORM

Date of request/staffing:			
PARTICIPANTS:			
<input type="checkbox"/> Placement Specialist	Name:	<input type="checkbox"/> CPI or <input type="checkbox"/> DCM	Name:
<input type="checkbox"/> Placement Supervisor	Name:	<input type="checkbox"/> CPIS or <input type="checkbox"/> DCMS	Name:
<input type="checkbox"/> Other:	Name:	<input type="checkbox"/> Other:	Name:
<input type="checkbox"/> Other:	Name:	<input type="checkbox"/> Other:	Name:
Child's Name:		DOB:	Age:
Preferred Name or Nickname if different from above:			<input type="checkbox"/> over the age of 12
<input type="checkbox"/> Check if participated in staffing			
FSFN Case Name/ID:		Referring County/Agency:	
<input type="checkbox"/> ICWA Eligible		Contact Information of Parent(s):	
Reason for removal:			
Sibling Names:			
<input type="checkbox"/> No known siblings			
Interactions with siblings to consider:			
<input type="checkbox"/> Sibling group comprised of three (3) or more			
<input type="checkbox"/> There is a six (6) year or more age differential between any two siblings			
<input type="checkbox"/> Child is also a parent. Child's child name:			
Other information about interactions and relationships with siblings:			
IDENTITY, CULTURE & ETHNICITY			
Sex Assigned at Birth:			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
SOGIE (Sexual Orientation & Gender Identity)/LGBTQ (Only share if information is provided by young person and given permission to share):			
Ethnicity: Is the child's ethnicity Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Race:			
<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Multiracial			



Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other:	
Has youth even been a victim of bullying? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
Other Considerations (to include LGBTQ+, Cultural, Religious, etc):	
BEHAVIORAL/MENTAL HEALTH DIAGNOSIS HISTORY (Cite source of information):	
<input type="checkbox"/> No Reported or Known History	
<input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Attention Deficient Disorder	<input type="checkbox"/> Oppositional Defiance Disorder
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Reactive Attachment Disorder
<input type="checkbox"/> Depression	<input type="checkbox"/> Other:
<input type="checkbox"/> None known	
History of counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Therapist/Provider:
Current medication:	Physician prescribing medication:
PHYSICAL HEALTH (Cite source of information):	
<input type="checkbox"/> Allergies (food, medication, etc.) _____	
<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Suppressed Immune Deficiency
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Encopresis	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Enuresis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Medically Fragile _____	
<input type="checkbox"/> Dietary restrictions or needs (including formula brand/type, if applicable): _____	
Primary Care Physician: _____ Specialist: _____	
Medications (non-psychotropic):	
Any Durable Medical Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list: _____	
DEVELOPMENTAL DELAYS (Cite source of information): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify below:	
<input type="checkbox"/> Autism	<input type="checkbox"/> Prader-Willi Syndrome
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Spinal Bifida <input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Phelan McDermid Syndrome
<input type="checkbox"/> Other:	Speech Impediment <input type="checkbox"/> Yes <input type="checkbox"/> No
Is child active with APD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER DEVELOPMENTAL AREAS: <input type="checkbox"/> Potty Trained <input type="checkbox"/> Wears Pull-Ups <input type="checkbox"/> Other:	
CURRENT OR HISTORICAL PRESENTING BEHAVIORS	
<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Cruelty to Animals
<input type="checkbox"/> History of Baker Acts	<input type="checkbox"/> Hears Voices
<input type="checkbox"/> Stealing	<input type="checkbox"/> Problematic Sexual Behavior
<input type="checkbox"/> Lying	<input type="checkbox"/> Behaviors that are a Significant Threat to Others
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Victim of Sexual Abuse: if yes, is safety plan needed?
<input type="checkbox"/> Inappropriate interpersonal or social media boundaries	<input type="checkbox"/> Hygiene Issues
<input type="checkbox"/> Unprovoked Property Damage	<input type="checkbox"/> Substance Abuse _____
<input type="checkbox"/> Verified CSEC Victim	<input type="checkbox"/> Oppositional Defiance
<input type="checkbox"/> At-risk for CSEC	<input type="checkbox"/> Suicidal Ideation
<input type="checkbox"/> Runaway	<input type="checkbox"/> Temper Tantrums
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Verbal Aggression



<input type="checkbox"/> Self-Injurious Behaviors		<input type="checkbox"/> Other Trauma:	
Explanation/Summary:			
Child Placement Agreement? <input type="checkbox"/> Behavior Management Plan <input type="checkbox"/> Care Precautions Plan <input type="checkbox"/> None			
*Please ensure CPA, if applicable, is attached.			
DJJ HISTORY/INVOLVEMENT		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Child has two (2) or more charges		<input type="checkbox"/> Child is on some level of DJJ Supervision or Sanctions	
Notes:		<input type="checkbox"/> Child is discharging from a DJJ Commitment Program	
		Probation Officer If Applicable:	
EDUCATION			
School:		Grade:	
IEP/504: <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently involved in extra-curricular activities or special interests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments About School:			
SUPPORTS & TIES TO THE COMMUNITY (Relatives/Neighbors, Coaches/Teachers, Friends, Church, Sports teams, etc):			
Anything else you would like us to know about or does child have any preference on where they would like to be placed?:			
Are there any court orders prohibiting or restricting placement? If so, describe the restriction in the order:			
SUMMARY:			
Additional documentation sent to Provider:			
Level of Care Recommendation: The child(ren) would be appropriate for the following types of placements:			
<input type="checkbox"/> Relative			
<input type="checkbox"/> Non-relative			
<input type="checkbox"/> Licensed Family Foster Home Traditional			
<input type="checkbox"/> Licensed Family Foster Home w/ Tiered Enhancement <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III			
<input type="checkbox"/> DCF Group Care Setting : <input type="checkbox"/> Safe House <input type="checkbox"/> At Risk House (Sex Trafficking) <input type="checkbox"/> Maternity Home <input type="checkbox"/> OTHER DCF Group Care or emergency shelter Setting (max 14 day placement)			
<input type="checkbox"/> Other (QRTP/STGH, APD, SAMH, etc):			
Placement Outcome			
<input type="checkbox"/> Child placed in the recommended level of care:			
<input type="checkbox"/> Child not placed in the recommended level of care. (If not, please document why.)			
<input type="checkbox"/> While this assessment has been completed the recommended level of care is not available.			
<input type="checkbox"/> Services were not available to maintain the child in the least restrictive setting.			
<input type="checkbox"/> Other			

*Add any supporting documentation and or evaluation recommendations that could support the assessment decision. All levels of care and placement decisions must be documented in the Child Placement Assessment tab in Florida Safe Families Network (FSFN)



ENHANCED TIER MATRIX

Tier I

Check if Requesting	Tier Information/Documentation
<input type="checkbox"/>	Sibling group comprised of three (3) or more residing in the same home
<input type="checkbox"/>	Sibling group of any size where there is a six (6) year age difference between any two siblings residing in the same home
<input type="checkbox"/>	Physical or medical disability necessitating assistance with routine daily care, increased supervision and/or frequent medical intervention & appointments
<input type="checkbox"/>	Any child over the age of 12years old
<input type="checkbox"/>	Child displaying inappropriate interpersonal or social media boundaries which may include: sharing personal information with strangers – for example, phone numbers, date of birth or location and Cyberbullying. Exposure to adult inappropriate content that is directed toward adults (content promoting racism or hate; content advocating criminal and anti-social behavior, sexually explicit content, real or simulated violence, content advocating unsafe behaviors such as SIB or eating disorders)

Tier II- Agency Rate: \$40/day; Foster Parent Rate: \$55/day

Check if Requesting	Tier Information/Documentation
<input type="checkbox"/>	Chronic or complex medical needs requiring constant monitoring and assistance as well as multiple medical appointments
<input type="checkbox"/>	Pregnant or parenting adolescent
<input type="checkbox"/>	Transitioning from a higher level of care back into the community (STFC, STGH, SIPP)
<input type="checkbox"/>	History of problematic sexual behaviors (as defined in CFOP 170-11)
<input type="checkbox"/>	Emotional or behavioral disorders or disturbances as documented in an Individualized Education Plan (IEP), 504 Plan, or mental health records
<input type="checkbox"/>	Diagnosis of Intellectual or Developmental Disorder (I/DD)
<input type="checkbox"/>	History of two (2) or more criminal charges, with or without convictions, but <u>no current</u> DJJ sanctions or supervision
<input type="checkbox"/>	History of multiple out-of-home placements; defined as three (3) placements in a six (6) month timeframe.
<input type="checkbox"/>	History of running away

Tier III- Agency Rate: \$70/day; Foster Parent Rate: \$85/day

Check if Requesting	Tier Information/Documentation
<input type="checkbox"/>	Awaiting transition onto a higher level of care as recommended by MDT and/or suitability assessment
<input type="checkbox"/>	Current or historical alcohol and/or drug misuse
<input type="checkbox"/>	History of severe self-injurious behaviors
<input type="checkbox"/>	Documented history of inappropriate, sexually suggestive activity on social media websites and or chat applications placing them at risk of exploitation
<input type="checkbox"/>	Verified Commercial Sexual Exploitation of Children
<input type="checkbox"/>	Serious behavioral or emotional problems and disruptive behaviors which require increased supervision and support. The necessary safety actions are to be documented on the Child Placement Agreement (please attach) and the child must meet one of the below criteria: <ul style="list-style-type: none"> • An adjudication of delinquency and be on conditional release or active probation with DJJ • A history of physical aggression or violent behavior towards self or others, animals, or property within the last year • A history of unprovoked destruction of property • A history of fire setting with the intent to cause harm to person or property
<input type="checkbox"/>	Discharging from DJJ commitment program
<input type="checkbox"/>	Diagnosis of Intellectual or Developmental Disorder <u>and</u> on the APD Waitlist