



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Child's Behavioral Health Reference Letter

Date: _____

| | | |
|---------------|---------------|---------------|
| Child's name | | Date of birth |
| Father's name | Mother's name | |

Dear _____:

The above-named parent(s) has applied to be a resource parent for OKDHS. As part of the approval process, a reference from the behavioral health professional who has provided services to the applicant's child is required. OKDHS is requesting information from you to assess the parent(s)' ability to provide services to children in OKDHS custody who may be considered for placement in his or her home. Form 080HI003E (HIPAA-3), Authorization to Disclose Medical Records, is attached authorizing you to furnish OKDHS with information.

- When did the child first begin counseling with you?

- What was the reason or basis that the parent(s) of the child sought counseling? Have other issues requiring treatment arisen?

- If the counseling has terminated, were the sessions terminated by mutual agreement or was it the parent(s)' decision? Please explain.

- List the child's diagnosis, treatment plan, and prognosis.

5. How often do you see the child for counseling and how long will counseling continue?

6. What is your perception of the child's emotional stability?

7. Has the child had any inpatient hospitalization for behavioral health needs? If so, provide the name of the facility, length of stay, and why treatment was necessary.

8. How does the child cope with the stress of everyday living?

9. Do you have any knowledge of the child's use or abuse of drugs, alcohol, or both?

10. Has the child expressed concerns about violent, neglectful, or abusive behavior, including verbal, physical, emotional, or sexual abuse, in the home? If yes, please explain.

11. Does the child take any medication? If yes, list the medication, type, and dosage and how the medication affects the child's ability to function or care for self.

12. Has the parent(s) been cooperative with you in meeting the child's behavioral health needs? If no, please explain.

13. Based upon your involvement with the child and the parent(s), could you recommend the parent(s) as a kinship, adoptive, or foster parent for a child who has emotional or behavioral problems, medical problems requiring special care, or both?

14. Based upon your involvement with the child and the parent(s), do you have any concerns or reservations regarding the parent(s)' ability to provide care for a child(ren) on a day-to-day basis? If yes, please explain.

15. What qualities does the parent(s) have to offer with respect to stability, nurturing, and providing a stable, safe, and suitable home environment for a child(ren) in OKDHS custody?

Signature of person completing form

Date

Agency represented

Thank you for taking the time to provide this information. Please complete and return this letter within two weeks of receipt. If you wish to speak to the worker regarding this family please contact:

| | | |
|----------------------------------|-----------|-------|
| OKDHS or contract representative | Area code | Phone |
| County or agency represented | | |