

State of Oklahoma  
 Department of Human Services  
 Therapeutic Foster Care

### Request for Third Placement

Agency	Date of request
Reason for request	

What are the compelling reasons this placement is the best placement for this child, for example, placed with siblings, won't have to change schools, previously placed in this home, and prior relationship with therapeutic foster care (TFC) family?

#### Proposed third placement

Child	Date of birth
Custody date	Current placement

Child's primary treatment issues are:

Does this child have siblings?  Yes  No

What is the plan to support sibling visitation and reunification?

Is this a new TFC referral to your agency or a re-placement?  New  Re-placement

If re-placement, complete below.

Initial agency placement date	Number of moves since initial placement
Reasons for placement disruption(s)	

#### TFC parent information

Proposed foster parent(s)	County of residence
Certification date	TFC experience Years:            Months:
Foster parent(s)' schedule that allows three TFC placements	
Foster parent(s)' ability to support reunification and sibling visitation	
Number of children satisfactorily discharged from TFC home	
Number of children unsatisfactorily discharged from TFC home	

Foster parent(s)' history of child abuse and neglect allegations, including dates and outcome.

Is foster parent(s) currently, or previously, on corrective action?  Yes  No

If yes, briefly describe all corrective action plans, including reasons, dates, and outcomes.

### TFC home information

Total number of children currently in home: \_\_\_\_\_

#### Birth or adopted children in home:

Name	Date of birth	Age	Date adoption finalized, if applicable:
Name	Date of birth	Age	Date adoption finalized, if applicable:
Name	Date of birth	Age	Date adoption finalized, if applicable:
Name	Date of birth	Age	Date adoption finalized, if applicable:

#### Children in Oklahoma Department of Human Services (OKDHS) custody living in home:

Name	Date of birth	Age	Date placed in home
Length of time in TFC		Custody status	Stability of placement(s)
Name	Date of birth	Age	Date placed in home
Length of time in TFC		Custody status	Stability of placement(s)

**Any other children living in home:**

Name		
Date of birth	Age	Relationship to foster parent(s)
Name		
Date of birth	Age	Relationship to foster parent(s)
Name		
Date of birth	Age	Relationship to foster parent(s)
Name		
Date of birth	Age	Relationship to foster parent(s)

For each child placed in the home, specify the plan to support sibling visitation and reunification.

What is the projected length of stay for each child in placement?

If approved, how long will the home have three TFC placements? Be specific.

**Note:** Total number of TFC placements may not exceed three. Total number of all foster care placements may not exceed five. There may be no more than two children under two years of age and the total number of all children in the home may not exceed six.

**Sleeping arrangements**

Total number of bedrooms in the home. \_\_\_\_\_

Describe current sleeping arrangements in the home:

How will sleeping arrangements differ if another child is approved?

## TFC risk assessment and plans for support and safety

Describe risk factors identified based on presenting problems of all children, including, but not limited to, additional stress for the foster parent(s).

Specify placement issues addressed in support plan, safety plan, or both.

## Collateral contacts

Which foster family members were contacted and what was their specific response regarding the proposed third placement?

TFC agency must contact Child Welfare (CW) workers for each child currently in placement. List the name, phone number, and response of CW county of placement and county of jurisdiction workers or supervisors for each child in home.

What do the biological family members and other involved professionals, such as court-appointed special advocate (CASA) and therapist, say about the proposed placement?

Is the school district below the 2% TFC cap?

Yes  No

Is the school willing to accept this child?

Yes  No

## TFC agency predictions

If third placement is approved, describe likely impact on:

- proposed third child.
- all other children currently placed in home.
- foster parent(s), such as stress levels, duty sharing, and relationships.

List all possible negative effects on the family system.

## TFC agency support plan

Which TFC therapist will be working with this family?

What skills does the therapist have to support this placement?

What skills does the foster parent(s) have to provide care and treatment for another child in OKDHS custody?

Identify planned supports to the foster parent(s), including plans for respite in addition to 24-hour on-call if the placement is approved.

Additional information and comments:

**All signatures must be obtained prior to submitting form.**

_____	_____
TFC agency therapist signature	Date
_____	_____
TFC agency child placement supervisor signature	Date
_____	_____
TFC agency program director signature	Date