

Connecticut Department of Children and Families
REPORT TO SUPERIOR COURT FOR JUVENILE MATTERS
REGARDING CHILD'S FOSTER HOME PLACEMENT
 DCF-906
 10/17 (New)



IN RE:	SUPERIOR COURT FOR JUVENILE MATTERS AT:
DATE:	
REPORT TO SUPERIOR COURT FOR JUVENILE MATTERS REGARDING CHILD'S FOSTER HOME PLACEMENT IN: <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative Home <input type="checkbox"/> Fictive Kin Caregiver Home	
This report is filed:	
SUITABILITY OF FOSTER PARENTS AND HOUSEHOLD MEMBERS AGE 16 AND OVER:	
Is this a Licensed foster home?: <input type="checkbox"/> Yes (If "Yes", please skip to page 2 and complete the "NEEDS OF THE CHILD" section) <input type="checkbox"/> No If Relative or Fictive Kin Caregiver Home is NOT YET licensed, please provide the additional information below. <i>NOTE: due to confidentiality, DO NOT include names of potential Foster Parents or Household Members.</i>	
Foster Parent 1	Relationship to Child:
CPS History:	Criminal History:
Foster Parent 2	Relationship to Child:
CPS History:	Criminal History:
Household Member 1 Age 16 or Older	Relationship to Child:
CPS History:	Criminal History:
Household Member 2 Age 16 or Older	Relationship to Child:
CPS History:	Criminal History:
Household Member 3 Age 16 or Older	Relationship to Child:
CPS History:	Criminal History:
Suitability of Foster Home	
If not yet licensed: Home assessment has been conducted; physical space is safe and adequate. <input type="checkbox"/> Yes <input type="checkbox"/> No No household members age 16 or over have CPS or criminal history. <input type="checkbox"/> Yes <input type="checkbox"/> No Basic assessment of suitability of proposed foster parents has been conducted. <input type="checkbox"/> Yes <input type="checkbox"/> No If answers are "No" to any of the above questions, please discuss the potential barriers to licensing:	
<input type="checkbox"/> Waiver(s) granted on:	

NEEDS OF THE CHILD (Please keep responses brief)

Medical:

Timeline For Completion:

Dental:

Timeline For Completion:

Developmental:

Timeline For Completion:

Educational:

Timeline For Completion:

Treatment:

Timeline For Completion:

Reviewed and Approved by:		
Submitted by (Name of Social Worker):	Signature of Social Worker	Date:
Approved by (Name of Social Work Supervisor):	Signature of Social Work Supervisor	Date:
Approved by (Name of Program Manager):	Signature of Program Manager	Date: