



Clear

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Use "Tab" key to move to next field.

Comprehensive Placement Assessment Assessment for Levels of Care and Placement

Press space bar (or left mouse click) to check a box; press space bar (or left mouse click) to uncheck a box.

GENERAL INFORMATION:

MDT Facilitator:		
Date of Staffing:	Investigation/Case ID:	County:

Goal of Staffing:
Check all that apply. This document does not replace the placement transition and education transition forms.

☐ Emergency Placement	☐ Missing Child
☐ Change of Placement	☐ Sibling Separation
☐ Placement Transition	☐ Human Trafficking
☐ Reunification	☐ Education Transition
☐ Reinstatement of Parental Rights	
☐ Other:	

Records Reviewed: (check all that apply)

☐ Medical Records	☐ Behavioral Records
☐ Mental Health Records	☐ Educational Records
☐ Psychotropic Medication Records	
☐ Comprehensive Behavioral Health Assessment (CBHA)	
☐ Child Placement Agreement	
☐ Additional Records:	

CHILD:

Child's Name	Age/DOB	Person ID	Date Child Entered Care	ICWA Eligible	Number of Placements
				☐ Yes ☐ No	
Child's Current Placement:					
Child Protective Investigator:					
Case Manager:					
Community Based Care Lead Agency:					
Guardian Ad Litem/Attorney Ad Litem:					

Sibling Status: (if needed enter additional siblings on page 11) ☐ No known siblings ☐ Sibling in need of placement
☐ Siblings currently in out-of-home placement ☐ Sibling as defined by section 39.4024, F.S.

Complete the Following for Each Sibling:					
Name:		Name:		Name:	
Age/ D.O.B.		Age/ D.O.B.		Age/ D.O.B.	
Person ID:		Person ID:		Person ID:	
ICWA Eligible	☐ Yes ☐ No	ICWA Eligible	☐ Yes ☐ No	ICWA Eligible	☐ Yes ☐ No
Date Child Entered Care		Date Child Entered Care		Date Child Entered Care	
Currently Placed Together	☐ Yes ☐ No	Currently Placed Together	☐ Yes ☐ No	Currently Placed Together	☐ Yes ☐ No
Number of Placements		Number of Placements		Number of Placements	
Nature of Relationship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings	Nature of Relationship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings	Nature of Relationship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings
Ongoing Relationship	☐ Yes ☐ No	Ongoing Relationship	☐ Yes ☐ No	Ongoing Relationship	☐ Yes ☐ No

☐ Check here if additional siblings are entered on page 11.

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ASSESSMENT FOR OUT-OF-HOME PLACEMENT:

This section must be completed for every child initially placed in out-of-home care and for all subsequent placements. The form shall be utilized to determine the most appropriate level of care and placement for the child.

Placement Considerations

Please list the status of any non-offending parent, relative, parent of adopted sibling, fictive kin, non-relative, and foster parent of siblings identified.

Name	Contact Information	Relationship	Outcome of Contact

**Read
"NOTE"**

NOTE: For the "Describe" fields on the following pages, if additional space is needed for any item, continue the item on Page 12. On Page 12, be sure to identify the item being "continued."

Describe the considerations made about the established relationship with the child's current placement. If age appropriate, describe the child's preference on where they would like to be placed.

Discuss the stability of the placement including the likelihood of permanency, impact on services, education, and any other important factors unique to the child's needs.

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Describe any court orders prohibiting or restricting placement.

Child Information

Identify if the child currently has, or has a history of, the following characteristics. Provide a description of each characteristic indicated below.

☐ Mental Health Diagnosis – Needs to include behavior that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

☐ Medical Needs.

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☐ Medication Usage including psychotropic medications. (Include medication name, dose, frequency, and amount of medication on hand if known.)

☐ Medical Devices.

☐ Youth is pregnant or parenting. Indicate current term and age of child. *(Note: Indicates child may be considered for placement in a maternity home.)*

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☐ Alleged abuse or neglect, human trafficking history, history of running away and/or homelessness, history of sexual abuse and/or sexually acting out behavior, inappropriate interpersonal and/or social media boundaries, family history of or exposure to human trafficking, or out-of-home placement instability demonstrated by repeated moves from less restrictive levels of care. *(Note: Indicates child may be considered for placement in an at-risk home or safe house.)*

☐ Behavioral health including but not limited to, behaviors that require a Child Placement Agreement, substance abuse, behaviors that substantially interfere with or limit the role or ability to function in the family, school, or community, which are not considered to be a temporary response to a stressful situation, display of sexual aggressiveness, self-mutilation, suicidal attempts, behaviors accompanied by a diagnosis of autism, history of setting fires, or physical aggression or violent behavior toward self or others, animals, or property within the past year. *(Note: Indicates child may be considered for placement in a qualified residential treatment program.)*

☐ Involvement with the Department of Juvenile Justice.

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Describe the child's special interests. Consider the child's age, maturity, strengths, hobbies, likes/dislikes, and activities.

Describe the child's ties the community (i.e., church, community sports team, etc.).

Describe the educational needs of the child, including transportation requirements. Please include name and location of current school, grade level, IEP/504 plans, etc.

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Sibling Placement

Describe the child's relationship, bond, attachment, and interactions with siblings.

Describe the current placement for each sibling, their relationship with the current caregiver(s), and if the current caregiver(s) of the sibling is willing to provide care and supervision for the child. Describe the current caregiver(s) willingness to support and maintain ongoing sibling relationships and contact if the siblings are not placed together.

Describe efforts made to place the child with siblings, concerns, or barriers to placing siblings together, identified supportive services to prevent sibling separation, and placement options geographically close to one another that can take separate placement of sibling groups.

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Describe the ongoing contact and visitation plan for sibling groups that are not placed together. Include the type of contact and frequency of contact and visitation.

LEVEL OF CARE AND PLACEMENT RECOMMENDATION

This section must be completed by the facilitator to document the child's recommended level of care and placement.

MDT Recommendation(s):

- ☐ Relative
 ☐ Adoptive Parent of Sibling
 ☐ Fictive Kin
 ☐ Nonrelative
 ☐ Family Foster Home
☐ Group Care Setting (DCF):
 ☐ Safe House
 ☐ At Risk House (Sex Trafficking)
 ☐ Maternity
 ☐ Other DCF Group Care Setting (maximum 14-day placement):

☐ Other (i.e., Qualified Residential Treatment Program, Residential Treatment Center, APD Home SAMH, etc.):

Identify if service implementation is required to support the placement: ☐ Service Need Identified ☐ No Services Identified

Was there a unanimous decision? ☐ Yes ☐ No Document the reason that supports each participant's decision.

Name	Role	Invited	Attended	Reason for Decision
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

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Name	Role	Invited	Attended	Reason for Decision
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

Summarize Placement Outcome*: Include the recommended level of care and placement, recommended services to maintain placement stability upon placement, the outcome of maintaining sibling relationships, and why the placement is the most appropriate placement. Describe efforts made to place the child according to the placement priority outlined in section 39.4021, F.S.

**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 Child Welfare Information System (CCWIS).*

If a unanimous decision was not reached, document the outcome of the Department's decision. Include reasons the child was not placed in the recommended level of care and the physical placement selected for the child.

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SIGNATURES OF PARTICIPANTS (as applicable):

Optional: This form can be signed with a digital signature (electronic signature).

Facilitator	Date	Department Representative	Date
Community Based Care Representative	Date	Child	Date
Department of Juvenile Justice	Date	Current Caregiver	Date
Family Member	Date	Case Manager	Date
Child's Parent or Guardian	Date	Child's Parent or Guardian	Date
Guardian Ad Litem	Date	Attorney Ad Litem	Date
School/Community Representative	Date	Other	Date
Other	Date	Other	Date
Other	Date	Other	Date

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Continued from Page 1 if there are more than 3 siblings.

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Complete the Following for Each Sibling:					
Name:		Name:		Name:	
Age/ D.O.B.		Age/ D.O.B.		Age/ D.O.B.	
Person ID:		Person ID:		Person ID:	
ICWA Eligible	☐ Yes ☐ No	ICWA Eligible	☐ Yes ☐ No	ICWA Eligible	☐ Yes ☐ No
Date Child Entered Care		Date Child Entered Care		Date Child Entered Care	
Currently Placed Together	☐ Yes ☐ No	Currently Placed Together	☐ Yes ☐ No	Currently Placed Together	☐ Yes ☐ No
Number of Place- ments		Number of Place- ments		Number of Place- ments	
Nature of Relation- ship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings	Nature of Relation- ship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings	Nature of Relation- ship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings
Ongoing Relation- ship	☐ Yes ☐ No	Ongoing Relation- ship	☐ Yes ☐ No	Ongoing Relation- ship	☐ Yes ☐ No

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Complete the Following for Each Sibling:					
Name:		Name:		Name:	
Age/ D.O.B.		Age/ D.O.B.		Age/ D.O.B.	
Person ID:		Person ID:		Person ID:	
ICWA Eligible	☐ Yes ☐ No	ICWA Eligible	☐ Yes ☐ No	ICWA Eligible	☐ Yes ☐ No
Date Child Entered Care		Date Child Entered Care		Date Child Entered Care	
Currently Placed Together	☐ Yes ☐ No	Currently Placed Together	☐ Yes ☐ No	Currently Placed Together	☐ Yes ☐ No
Number of Place- ments		Number of Place- ments		Number of Place- ments	
Nature of Relation- ship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings	Nature of Relation- ship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings	Nature of Relation- ship	☐ Biological ☐ Legal ☐ Living or Lived with children who he/she identifies as siblings
Ongoing Relation- ship	☐ Yes ☐ No	Ongoing Relation- ship	☐ Yes ☐ No	Ongoing Relation- ship	☐ Yes ☐ No

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