



# Placement Entry Tool

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All emails should have a subject line with: office name, child name, and case number.

1. CHECK ONE <input type="checkbox"/> Initial placement <input type="checkbox"/> Change of placement <input type="checkbox"/> Placement ending <input type="checkbox"/> Temporary situation <input type="checkbox"/> BRS				
2. PLACEMENT BEGIN DATE	3. PLACEMENT END DATE	3A. REASON <input type="checkbox"/> On the run <input type="checkbox"/> Aged out <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Trial return home <input type="checkbox"/> Return home <input type="checkbox"/> Dependency Dismissed - RH		
4. PLACEMENT CHANGE REASON <input type="checkbox"/> Changed caregiver <input type="checkbox"/> Caregiver chose to terminate service <input type="checkbox"/> Detention <input type="checkbox"/> Hospital>15 days on the run <input type="checkbox"/> Trial return home – Father <input type="checkbox"/> Trial return home – Mother <input type="checkbox"/> Trial return home – Guardian <input type="checkbox"/> On the run ended <input type="checkbox"/> Other:				
5. CASE NAME	5A. CASE ID	5B. CHILD'S NAME	5C. CHILD'S ID	
5D. SIBLINGS THIS PLACEMENT APPLIES TO (IF DIFFERENT INFORMATION, ADDITIONAL FORM NEEDED)				
CHILD NAME		CHILD ID		
<b>Please complete for Initial Placement Only</b>				
6. DATE LEGAL CUSTODY OBTAINED (PCA)		6A. COUNTY / TYPE / TRIBE		
7. REMOVAL REASONS <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Caregiver's alcohol use <input type="checkbox"/> Caregiver's drug abuse <input type="checkbox"/> Child's alcohol use <input type="checkbox"/> Child's drug use <input type="checkbox"/> Extended foster care <input type="checkbox"/> Inadequate housing <input type="checkbox"/> Child's behavior problem <input type="checkbox"/> Child's disability <input type="checkbox"/> Incarceration of caregiver(s) <input type="checkbox"/> Death of caregiver(s) <input type="checkbox"/> Caregiver's inability to cope <input type="checkbox"/> Abandonment <input type="checkbox"/> Relinquishment (Safety of Newborn Child Act)				
8. REMOVAL MANNER <input type="checkbox"/> Court ordered <input type="checkbox"/> Temporary physical custody <input type="checkbox"/> Voluntary				
9. CAREGIVER / FAMILY STRUCTURE <input type="checkbox"/> Married couple <input type="checkbox"/> Single female <input type="checkbox"/> Single male <input type="checkbox"/> Unable to determine <input type="checkbox"/> Unmarried couple				
10. PRIMARY CARETAKER (PARENT)'S NAME		10A. SECONDARY CARETAKER (PARENT)'S NAME		
<b>Provider Information Only</b>				
11. CHECK ONE <input type="checkbox"/> Licensed Home <input type="checkbox"/> Licensed CPA Home <input type="checkbox"/> Relative placement <input type="checkbox"/> Suitable other <input type="checkbox"/> Court ordered placement <input type="checkbox"/> Other:				
12. PROVIDER'S NAME (LAST NAME, FIRST NAME / LAST NAME, FIRST NAME)			12A. PROVIDER ID	
13. SPECIAL NOTES TO CLARIFY PLACEMENT TYPE (HOSPITAL, PICC, CRC, LICENSED RELATIVE, TEMPORARY SITUATION, ETC.)				
13A. CPA Case Management needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		13B. Contracted Receiving Care Rate: <input type="checkbox"/> Yes <input type="checkbox"/> No		

14. ANY OTHER PERTINENT NOTES: KNOWN CHANGE N PLACEMENT DATES, PLACEMENT NEEDS (VOUCHERS, DAYCARE, ETC. SERVICE REFERRAL WILL BE MADE BY SOCIAL WORKER (AA APPROVAL NEEDED FOR ECP AND PLEASE ATTACH ECP), OTHER:		
15. <b>UNLICENSED PLACEMENTS ONLY.</b> IF BACKGROUND CHECK IS ATTACHED, ONLY ANSWER <b>BOLDED*</b> QUESTIONS, <b>IF NOT, ANSWER ALL.</b>		
PRIMARY PROVIDER INFORMATION	SECONDARY PROVIDER INFORMATION	OTHERS IN HOME (ADD ADDITIONAL PAGES IF NECESSASRY)
FULL NAME	FULL NAME	FULL NAME
<b>GENDER *</b>	<b>GENDER *</b>	<b>GENDER *</b>
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
<b>RACE *</b>	<b>RACE *</b>	<b>RACE *</b>
<b>ETHNICITY *</b>	<b>ETHNICITY *</b>	<b>ETHNICITY *</b>
<b>MARITAL STATUS *</b>	<b>MARITAL STATUS *</b>	<b>MARITAL STATUS *</b>
<input type="checkbox"/> Background Check complete	<input type="checkbox"/> Background Check complete	<input type="checkbox"/> Background Check complete
15A. PLACEMENT PHYSICAL ADDRESS		PHONE NUMBER (WITH AREA CODE)
15B. IN CASE OF EMERGENCY CONTACT (ICE) NAME		PHONE NUMBER (WITH AREA CODE)
ADDRESS		