



Wendy's Wonderful Kids Child Referral Form

Each WWK youth referred must be documented. This form collects the information needed to create a child's profile in the WWK database. It is able to be edited. Some questions may only relate to youth in the U.S. foster care system.

Child's name	
Date of Birth	
Gender	
Race	
Social Security Number	
Custodial agency case or child ID number	
WWK referral date	

Source of referral

- Public Child welfare agency
- Private Child welfare agency
- Other: Please specify _____
- County of the custodial agency (if applicable) _____

Did the referral come from your agency?

- Yes
- No

Child's Caseworker/County Contact _____

Phone number, Email and Office Address _____

Supervisor's Name and Contact _____

How many times has the child been removed from home, including the current removal?

When did this removal take place? _____

When did the first removal take place? _____

Have parental rights been terminated? _____

Date of termination of parental rights: _____

If no TPR, is the custodial agency agreeable to finding legal permanency? _____

Reason for entering the court system (check all that apply):

- Neglect
- Medical neglect
- Domestic violence
- Psychological or emotional abuse
- Unable to care for child
- Physical abuse
- Abandonment
- Failure to return
- Caretaker's alcohol use
- Caretaker's drug use
- Child alcohol use
- Child drug use
- Prenatal alcohol exposure
- Prenatal drug exposure
- Diagnosed condition
- Inadequate access to mental health services
- Inadequate access to medical services
- Child behavior problem
- Death of caretaker
- Incarceration of caretaker
- Caretaker's significant impairment – physical or emotional
- Caretaker's significant impairment – cognitive
- Inadequate housing
- Child requested placement
- Sex trafficking
- Parental immigration detainment or deportation
- Family conflict related to child's sexual orientation, gender identity, or gender expression
- Educational neglect
- Public agency title IV-E agreement
- Homelessness
- Sexual abuse
- Voluntary relinquishment for adoption
- Runaway
- Whereabouts unknown
- Cannot disclose

Number of placements between the most recent removal and the time the child entered the WWK program: _____

Placement at the time the child entered the WWK program:

- Family foster (relative)
- Family foster (non-relative)
- Runaway
- Trial home visit
- Institution
- Supervised independent living
- Group home
- Hospital

Current Placement Contact or Foster Parent Contact Name: _____

Current Placement Contact or Foster Parent Contact Address: _____

Current Placement Contact or Foster Parent Phone Number & Email: _____

If in a foster home, was the child placed there directly by a public agency, or through a private agency?

- Public
- Private

What was the monthly or daily payment that the public child welfare agency provided the placement on behalf of this child at the time the child entered the WWK program? (Note if it was monthly or daily payments) _____

Was the child eligible for title IV-E foster care at the time the child entered the WWK program?

- Yes
- No

Will the family receive an adoption/guardianship subsidy on behalf of this child?

- Yes
- No

If yes, what is the monthly adoption/guardianship subsidy amount? _____

If yes, is the child eligible for title IV-E adoption/guardianship assistance?

- Yes
- No

Does the child have any healthy, behavioral or mental health conditions?

- Intellectual disability
- Autism spectrum disorder
- Visual impairment and blindness
- Hearing impairment and deafness
- Orthopedic impairment or other physical condition
- Mental or emotional disorders

- Attention deficit hyperactivity disorder
- Serious mental disorders
- Development delay
- Developmental disabilities
- No disabilities
- Other diagnosed condition: Please specify:

Child's Most Current DSM-V Diagnoses:

Has the child had a failed adoption that occurred pre-finalization prior to coming on the WWK caseload?

- Yes, pre-finalization
- Yes, post-finalization
- No
- Don't know

If yes, was the previous adoption through the WWK program?

- Yes
- No
- Don't know

Characterize past efforts to recruit for this child (check all that apply):

- No past efforts
- Minimal – General/targeted
- Minimal – Child-specific
- Extensive – General/targeted
- Extensive – Child-specific
- Don't know

Child's Current School (Name & Address): _____

Name of School Contact: _____

School Contact's Phone Number & Email: _____

Does the child have an IEP?

- Yes
- No

Does the child have any siblings?

- Yes
- No
- Don't know

Sibling name	Custodial agency case ID number if still in care	Is sibling in the WWK program?	Does sibling live with the referred child?

Does the child have any contact with biological family members other than siblings?

- Yes
- No

If yes, please list family members' name, relation to child, and contact information.

Child's significant relationships. Please provide name, relationship with child and contact information:

Therapist Name & Contact Information: _____

CASA Name & Contact Information: _____

Attorney Name & Contact Information: _____

Mentor Name & Contact Information: _____
