

# Child Tracking Form

Child's Name: \_\_\_\_\_ Agency Social Worker: \_\_\_\_\_

Placing Agency (i.e., Milwaukee with Site #, Wraparound, DHFS (which office), County, etc.): \_\_\_\_\_

Rate (please circle):    TFC Rate       Intensive TFC Rate       Exceptional TFC Rate       Other \_\_\_\_\_

**Placement Information**

Placement Date: \_\_\_\_\_

FW Family: \_\_\_\_\_

FW Worker: \_\_\_\_\_

**Internal Movement Information**

Date of Move: \_\_\_\_\_

Discharging Family: \_\_\_\_\_

FW Worker: \_\_\_\_\_

Placing Family: \_\_\_\_\_

FW Worker: \_\_\_\_\_

Please Complete Below: Reason for Move, Planned / Unplanned

**Discharge Information**

Discharge Date: \_\_\_\_\_

Discharging Family: \_\_\_\_\_

FW Worker: \_\_\_\_\_

**Transfer of County/State/Agency**

Date of Transfer: \_\_\_\_\_

Former Agency/County: \_\_\_\_\_

Former Agency SW: \_\_\_\_\_

New Agency/County: \_\_\_\_\_

New Agency Worker: \_\_\_\_\_

FW Worker: \_\_\_\_\_

**Discharge Setting: Please Check One**

Internal Move	Shelter Care	Foster Family Left FW (with child)
Treatment Foster Care – Not FW	County Foster Care	Residential Tx Center / CCI
Home with Parent	Group Home	Job Corps
Independent Living	Psychiatric Hospital	Other
Relative or Friend	Detention/Incarceration	
Adoptive Parent or Guardian	Ran Away From Placement	

**Reason for Internal Move/Discharge: Please Check One**

Agency Initiated	Foster Parents Initiated	Child Initiated	Other Reasons
Youth Needs	Change in Family Situation	Wished to leave program	Adoption/Preadoptive Placement
Child Was Victimized	Role Dissatisfaction	Alleged Abuse	Independent Living
Child Victimized Others	Youth's Behavior	Unhappy with FW family	Successful Completion of Treatment
FH Standards Violations	Discontinue TFC	Ran Away	Job Skills Training/ Higher Education
Child's Negative Influence	Discontinue with FW		Other Reason
Placing Agency or Court Decision			

Internal Move/Discharge was Planned or Unplanned (please circle one)