

FOSTER CARE PREVENTION ADDENDUM

7/06

(This form is required for non-FAPTEd cases only, when Mandated FC Prevention funding is requested.)

Primary Child: _____ **Date Completed:** _____

Reason(s) for Risk of FC Placement (Check all that apply):

- Abuse / Neglect
- CHINS
- Family Unable to Meet Child’s Basic Needs
- Special Needs of Child Exceed Family’s Ability to Maintain Child in Home
- Judge’s Referral / Court Order
- Other:

Specifics (Required): _____

Services for which Funding is Requested:

- Intensive In-Home Counseling
- Other: _____

Likelihood of FC Placement Within the Next 6 Months Without the Requested Services (Check one):

- Almost Certain / Very Likely
- More Likely than Not
- Significant Risk

Comment: _____

Briefly Outline How the Requested Services will Reduce the Risk of Foster Care Placement?
