



FOSTER & ADOPTIVE CARE COALITION
FOR EVERY CHILD... A PLACE TO CALL HOME

“A PLACE TO CALL HOME” Referral Form

Child's/Youth's First Name: _____ Last Name: _____ DOB: _____
 DCN # _____ Date Child Entered Foster Care: _____ Date of TPR: _____
 Current placement: Foster Home: _____ Residential: _____ Other: _____
 Placement Level (i.e. traditional/behavioral) _____ Name of Placement Provider: _____
 Phone: _____ Email: _____

Adoption Worker: _____ Agency _____
 TEL: _____ Emergency # _____ Email: _____
 CD Worker: _____ Agency: _____
 TEL: _____ Emergency # _____ Email: _____
 CASA/Voices for Children: _____ TEL/Email: _____

Will child/youth be featured with siblings? Yes No Are siblings placed together? Yes No
 Transporter Day of Filming: _____ Emergency # _____
 Who will be interviewed about child/youth? _____
 Special Considerations (i.e. health, emotional, behavioral issues, child prefers to be referred to by middle name, etc.): _____

Getting to Know the Child *(please complete with child/youth)*
 In my free time I like to _____
 My favorite place to go is _____
 Three things I like about myself are _____
 Things other people like about me are _____
 I am happiest when _____
 I think school is _____ My favorite subject in school is _____
 Something I am proud about myself is (awards, accomplishments, something you enjoy) _____
 To me being adopted means _____
 I would like to go to or do _____ for the filming.

Little Wish: (i.e. a childhood experience) _____
 Youth doesn't need to decide this before the filming, just be thinking about it. Criteria for Little Wishes available if needed.

Date of Referral: _____ Person Completing Referral: _____

I agree to notify the Coalition when a match is located for the child in this referral.

Please send **completed form** along with an **adoption profile** Shamele Hill, by email at shamelehill@foster-adopt.org or by fax at 314.241.0715. Please call 314.367.8373 x2254 with questions. Referrals can also be downloaded at www.foster-adopt.org/aptch.



1750 South Brentwood Blvd., Suite 210
 Saint Louis, Missouri 63144
www.foster-adopt.org

o 314.FOSTER.3 (314.367.8373)
 t 800.FOSTER.3 (800.367.8373)
 f 314.241.0715





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“A PLACE TO CALL HOME” Adoption Recruitment

Please note that all children/youth aired on “A Place to Call Home” will also be featured on the Foster & Adoptive Care Coalition’s and KSDK NewsChannel 5’s “A Place to Call Home” website and social media sites for recruitment purposes. All licensed inquiries will be forward to the child’s adoption recruiter.

Please sign below and send the completed form **along with an adoption profile (and picture of child, if available)** to Shamele Hill, by fax at 314.241.0715 or by email at shamelehill@foster-adopt.org.

Please call 314.367.8373 x 2254 with any questions.

DCFS Area Administrator Signature

Date

**** As a professional courtesy, please inform the Foster & Adoptive Care Coalition when the child/youth has been matched or adopted and no longer requires additional recruitment.***



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