

Approval to Place Children 10 and Under in an Emergency Shelter Shelter Extension Approval

Approval to Place a Child 10 and Under in an Emergency Shelter

New Removal

Placement Disruption

Shelter Extension Request

County

CHRIS Number

Case Name

DCFS Area

FSW

Supervisor

Please Ensure You Have Used the Foster Home Matching Tool to Locate a Foster Home Prior to Requesting a Shelter Approval or Extension:

<http://iisp1.dhhs.arkgov.net/dcfs/fosterhomematching/>

Child's Name	Age	Current Location	Case Plan Goal	Medical/Developmental Needs

Relatives/Fictive Kin Explored? Yes No

Number of Relatives/Fictive Kin Explored

Please Identify the Outcomes /Barriers Below:

Number of Attempts to Locate a Foster Home:

Number of Declines:

Please Identify the Homes Contacted Below or Attach a Copy of the Foster Home Matching Tool Printout Used Including Notes on Outcomes:

Is This a Foster Home Disruption? Yes No
Identify Efforts to Prevent the Disruption:

If Needed, What Higher Levels of Care Placement Options Were Explored?

Date/Time of Pre-Shelter Placement Phone Call with Area Director:

Call Participants:

Date/Time of Shelter Placement Approval:

Shelter Placement Approved by:

Date/Time of Shelter Extension Approval:

Follow up Plan:

Email Shelter Extension Request to: Emergency.Shelter.Extensions@dhs.arkansas.gov