

# Inter-Agency Child Protection Information Management System - FTR Forms

## ADOPTION OR FOSTER CARE FORM

*This form is to be used when a child is placed into a formal, long term care arrangement; either adoption or long term foster care.*

### SECTION 1 - CHILD'S PERSONAL DETAILS

Registration I/D Number	<input style="width: 95%;" type="text"/>	Other I/D Number	<input style="width: 95%;" type="text"/>
Child's Name	First Name <input style="width: 25%;" type="text"/>	Middle Name <input style="width: 25%;" type="text"/>	Last Name <input style="width: 25%;" type="text"/>

### SECTION 2 - IDENTITY OF THE ADULT/S WITH WHOM THE CHILD WAS PLACED

Adult's Name	First Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>
Adult's Name	First Name <input style="width: 25%;" type="text"/>	Middle Name <input style="width: 25%;" type="text"/>	Last Name <input style="width: 25%;" type="text"/>
Address of adult/s with whom the child was placed	Country <input style="width: 25%;" type="text"/>	Admin Level 1 <input style="width: 25%;" type="text"/>	Admin Level 2 <input style="width: 25%;" type="text"/>
	Admin Level 3 <input style="width: 25%;" type="text"/>	Admin Level 4 <input style="width: 25%;" type="text"/>	Village/Area/Physical Address - if not known enter landmarks e.g. hills, trees, names of schools or hospital etc. <input style="width: 25%;" type="text"/>
Telephone number	<input style="width: 95%;" type="text"/>		
If the adult/s are related to the child please give details of relationship	<input style="width: 95%;" type="text"/>		
Date of placement	<input style="width: 15%;" type="text"/>	DDMMYYYY	

### SECTION 3 - DETAILS OF CARE ARRANGEMENT

What type of care arrangement has the child been placed into?      Adoption       Long term Foster Care

Is the care arrangement officially/legally sanctioned by the responsible authorities?      Yes       No

If yes, what type of authority?      Court       Govt Social Services

Other, please specify

Name of contact person at responsible authority	First Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>
Address	Country <input style="width: 25%;" type="text"/>	Admin Level 1 <input style="width: 25%;" type="text"/>	Admin Level 2 <input style="width: 25%;" type="text"/>
	Admin Level 3 <input style="width: 25%;" type="text"/>	Admin Level 4 <input style="width: 25%;" type="text"/>	Village/Area/Physical Address - if not known enter landmarks e.g. hills, trees, names of schools or hospital etc. <input style="width: 25%;" type="text"/>

**If no, give details of organisation responsible for placement of child;**

Name of organisation	<input style="width: 95%;" type="text"/>		
Name of contact person	First Name <input style="width: 25%;" type="text"/>	Middle Name <input style="width: 25%;" type="text"/>	Last Name <input style="width: 25%;" type="text"/>
Address	Country <input style="width: 25%;" type="text"/>	Admin Level 1 <input style="width: 25%;" type="text"/>	Admin Level 2 <input style="width: 25%;" type="text"/>
	Admin Level 3 <input style="width: 25%;" type="text"/>	Admin Level 4 <input style="width: 25%;" type="text"/>	Village/Area/Physical Address - if not known enter landmarks e.g. hills, trees, names of schools or hospital etc. <input style="width: 25%;" type="text"/>
Is there a need for follow-up?	Yes <input style="width: 20px; height: 15px;" type="checkbox"/>	No <input style="width: 20px; height: 15px;" type="checkbox"/>	

Priorities for reintegration support or follow-up including any immediate assistance required	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>

### SECTION 4 - FORM COMPLETED BY

Name/Sign.	<input style="width: 95%;" type="text"/>	Position	<input style="width: 95%;" type="text"/>
Agency	<input style="width: 25%;" type="text"/>	Place	<input style="width: 25%;" type="text"/>
		Date	<input style="width: 25%;" type="text"/>

*Data Entry Fields for the Database are shaded and enclosed within boxes with thicker borders*