



AHCCCS BEHAVIORAL HEALTH SYSTEM PRACTICE TOOLS
ATTACHMENT A, WORKING WITH THE BIRTH THROUGH FIVE POPULATION
CHILD'S ADJUSTMENT TO OUT OF HOME PLACEMENT TEMPLATE

COMPLETED BY A QUALIFIED BEHAVIORAL HEALTH PROVIDER, WHEN CLINICALLY INDICATED, FOR CHILDREN LIVING IN A KINSHIP PLACEMENT, WITH DEPARTMENT OF CHILD SAFETY' RESOURCE PARENTS (FOSTER OR ADOPTIVE), OR IN CONGREGATE CARE (SHELTER OR GROUP HOME).

What is the reason for the child not living with his/her parents?

How long has the child been living in your home?

Does the child have any prior familiarity with the current placement?

Describe the child's behavior and expression of emotions when s/he first arrived:

How would you describe the child's behavior and expression of emotions in your home now? Give specific examples:

Does the child let you know when s/he has a need? If yes, how? Has this changed over the time the child has been in your home?



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How does the child interact/respond to different members of the household?

What effect did the child's entry into your home have on you and others in the family?

What changes have been made in the home to accommodate the child?

Behavioral Health Servicing Provider (if applicable)
(PLEASE PRINT)

Name of Behavioral Health Personnel (PLEASE PRINT)

Signature of Behavioral Health Personnel with
credentials if applicable (BHT/BHPP)

Date

Time: Begin/End

Behavioral Health Professional Reviewer (BHP)
PLEASE PRINT

Signature of Licensed BHP

BHP Reviewer: Professional Credential(s)
(LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD,

Date

Time: Begin/End