



Foster Care Ministry

Admissions Recommendation

Please complete the following as completely as possible. This information, in conjunction with the parent's pre-application, will allow us to make an initial determination of the ability of Potter Children's Home to meet the child's needs. If you have any questions please contact the office at (270) 843-3038 and ask to speak to the Foster Care Counselor or the Minister of Family Services.

Referral Agency: _____ Name of person filling out form: _____

E-mail: _____ Phone: _____

Child's Name: _____ Gender: Male/Female Age: _____

Diagnosis: _____ Medications: _____

Please provide a brief description of problem behaviors that have led to this referral:

Please indicate any traumatic events or history of victimization experienced by the child:

Please identify any environmental causes that have contributed to problem behavior:

What is the child's current living situation?

Please list any previous out-of-home placements.

Signature

Date

When complete please return this form to Potter Children's Home, Attn: Foster Care Counselor, 2350 Nashville Road, Bowling Green, KY, 42101. You may also fax it to 270-782-2465 or e-mail it to secretary@potterministries.org.