

Shepherd's Home, Inc.  
PO Box 2011, McCall, ID 83638  
**Office: 208-634-1152 Home: 208-634-1409**  
Fax: 208-634-1409  
Email: houseparents@shepherds-home.org

Shepherd's Home, Inc.  
**EMERGENCY PLACEMENT**

FOR OFFICE USE ONLY

Date Rec'd:

\_\_\_\_/\_\_\_\_/\_\_\_\_

On this date, \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_,  
(Agency)

will be placing a minor child or children in foster care at the Shepherd's Home, Inc. Emergency Placement is for up to seventy-two hours only. If the child/children is/are to stay in care longer than seventy-two hours, the formal application for residency process must be initiated (forms completed) within the seventy-two hour window.

**DURING BUSINESS HOURS (8:00 am to 2:00 pm):**

1. Notify the Shepherd's Home Administrative Office immediately, 208-634-1152
2. Complete the following form and send to the Administrative Office via email, admin@shepherds-home.org, or fax 208-634-1409. You may bring the form with you to the Shepherd's Home. Please make sure you have called in advance.

**AFTER HOURS:**

1. Notify the Shepherd's Home House Parents immediately, 208-634-1409.
2. Complete the following form and send to the Home Office via email, houseparents@shepherds-home.org, or fax 208-634-1409, or you may bring the form with you to the Shepherd's Home. Please make sure you have called in advance.

**ALL Emergency Placement forms will be reviewed before placement is approved.**

The child is placed with Shepherd's Home, Inc. for the following reason:

CPS  Family Crisis  
 Homelessness  Parent/Guardian Physical/Mental Health  
 Temporary Emergency Respite  Other: \_\_\_\_\_

The child's/children's parents and/or legal guardians have been notified of placement by placing agency.

Yes  No

Permission for medical treatment of this child **has been signed** by the custodial parent/legal guardian.

Permission for medical treatment of this child **has not been signed** by the legal parent/guardian because:

Parent/guardian has not been notified

Parent/guardian cannot be located at this time

Parent/guardian refuses to grant permission at this time

Other \_\_\_\_\_

Child's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: **Male** **Female**

**Pertinent Information**

Known allergies:

Food(s) \_\_\_\_\_ Medication \_\_\_\_\_

Other \_\_\_\_\_

Additional Information, include medications currently being taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agency Representative**

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Office Mobile

**Shepherd's Home Representative**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY:**

Anticipated release date, must be 72 hours from intake \_\_\_\_/\_\_\_\_/\_\_\_\_

Exclusions for placement have been reviewed, and are not applicable for this child:

\_\_\_ History of violent behavior \_\_\_ History of committing sexual assault

\_\_\_ Diagnosis of mental illness that is outside of the scope of the Shepherd's Home's expertise

\_\_\_ Approved \_\_\_ Declined

Action/Summary (include exception to policy if applicable):