

## Foster Parent Child Placement Information

Child's Full NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Worker NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
After Hours Emergency Phone: \_\_\_\_\_

### **On the Day of Child's Placement - You Should Receive:**

- Child's Medicaid Card (*may not be immediately available if this is child's first placement*)
- Child's Placement Letter / Consent to Treat Child for Routine or Emergency Medical/Dental Care
- Any Medication the child may be currently taking
- Medical passport (if applicable)

### **Questions to Ask Social Worker:** (*if this is the child's first placement, the SW may not yet have all necessary information*)

1. Child's Special Needs (medical, physical, emotional, behavioral) \_\_\_\_\_  
\_\_\_\_\_
2. Allergies: \_\_\_\_\_
3. Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_
  - Are there any school or educational related issues? \_\_\_\_\_
4. Name and contact info for child's physician, dentist or other health professional. When was the child's last medical appointment(s)?
5. Any currently scheduled health appointments (medical, dental, vision, counseling)
  - Do health appointments or EPSDT need to be scheduled? Should foster parent schedule?
  - Is child up to date on immunizations?
6. Name of the Person Legally Responsible (PLR) for the psychiatric care of the child: \_\_\_\_\_
7. Is the child receiving counseling? Name: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Address: \_\_\_\_\_
8. Scheduled Visitation w/Parent or Family-DATE/TIME: \_\_\_\_\_ Where: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Does the child have siblings? (names) \_\_\_\_\_
9. Date/Time of next Court Hearing: \_\_\_\_\_ Where: \_\_\_\_\_

### **Things to DO Upon Placement:**

- Help the child feel comfortable. Give a tour of your home; common areas, kitchen, bathroom, yard and show them their bedroom and space to keep their private belongings.
- Clearly go over any home rules or other expectations
- Identify home's fire escape exits to child
- Inventory child's clothes and belongings; document on the Personal Items Inventory Form\*
- Document all medications (prescription and non-prescription) given to the child on the Medication Administration Record form\*
  - Ensure prescription medication is given to the child as identified on the label
  - All medication, chemicals and poisons must be kept locked and away from children
- Make and attend medical, dental or other health appointments as requested; monthly complete the Monthly Medical History Form for Foster Children \*
  - Make follow-up appointments for ongoing routine dental or medical appointments
- Include child in family activities and outings. Treat the foster child like other children in your home, do not distinguish
- When talking about the child's parents and/or family, do so only in a positive and respectful manner
- Hold monthly fire drills and document on Fire Drill Form\*
- NO CORPORAL PUNISHMENT OR DENIAL OF BASIC NEEDS OF ANY KIND IS ALLOWED

\* *These and other necessary FORMS can be found on the Nevada Quality Parenting Initiative (QPI) website ([www.qpinevada.org](http://www.qpinevada.org)) in the Rural Region section under the Rural Region Fostering Documents Tab.*  
<http://www.qpinevada.org/ruralregion/pages/documents.shtml>