Chapter DCF 37

APPENDIX A

INFORMATION FOR FOSTER PARENTS
FACE SHEET

Date of Placement: ___/___/___

Child's Name: _____ Nickname(s):
DOB: ___/___/___ Sex: ☐ Male ☐ Female SS#: ___–___–_____

Cultural Identification (as indicated by child if old enough):
Height: _____ Weight: _____ lbs.
Religious Preference (of child or family):
Physical Characteristics (e.g., scars, tattoos, birthmarks, discolorations):

Child's Social Worker With Whom Foster Parent Will Have Contact:
Name: _____ Title:

Agency:

Agency Secondary Contact (if social worker not available):
Telephone: Regular Hours: (___)_____
After Hours: (___)_____

Reason(s) for Placement	
_____Delinquent Act(s) ____Assaultive ____Non–Assaultive	Nature of Offense(s):
_____CHIPS, other than CAN	Type of CHIPS:
_____CAN ____Physical Abuse ____Sexual Abuse ____Emotional Abuse ____Neglect	Relationship of Alleged Perpetrator(s) Does the child exhibit any inappropriate sexual behaviors?
_____Developmental Disability _____Physical Handicap _____AODA _____Emotional Disturbance (note related behaviors, e.g., fire starter) _____Learning Disability	

This is a:

____Voluntary Placement

____Court–ordered Placement

Medical Assistance #:

Insurance Company (if any): Name _____
Telephone: (___) _____

Policy #: _____ Group #:

Physician: _____ Type: _____

Address: _____

Telephone: (___) _____

Dentist: _____

Address: _____

Telephone: (___) _____

Other Health Specialists/Therapists

Name: _____ Telephone: (___) _____
Specialty: _____

Name: _____ Telephone: (___) _____
Specialty: _____

Preferred Hospital: _____
(Note: Use of hospital may be dictated by insurance company/plan)

Is foster parent expected to participate in therapy with the child? ☐Yes ☐No

Name of Child's (Check most appropriate one)
☐ Birth Mother:
☐ Stepmother:
☐ Adoptive mother:
Address: _____
Telephone: (___) _____

Name of Child's (Check most appropriate one)
☐ Birth Father:
☐ Stepfather:
☐ Adoptive father:
Address: _____
Telephone: (___) _____

Child's Siblings:

Name: _____ DOB: __/__/__ Phone: (___) _____
☐ At home ☐ Out of home (where: _____)
Name: _____ DOB: __/__/__ Phone: (___) _____
☐ At home ☐ Out of home (where: _____)
Name: _____ DOB: __/__/__ Phone: (___) _____
☐ At home ☐ Out of home (where: _____)

Significant Extended Family Members (Name, Phone and Relationship):

Legal Custodian: _____

Relationship: _____

Address: _____ Phone: (___) _____

GAL*/Legal Counsel: _____
Address: _____
Telephone: (___) _____
*Guardian ad litem

Significant individuals who may be having contact with the child:

Name	Phone	Relationship

Individuals whose contact with the child is forbidden or restricted (e.g., supervised visitation)

Name	Relationship	Type of Restriction	Rationale (e.g., court order, parents' wishes)

(Should you have any questions about contacts, please call the child's social worker.)

Previous Placements (If no court order prohibiting release of name of previous foster home placement(s))

Type (FH, GH, RCC/CCI, hospital, etc.)	Name	Dates

School Attending or Will Attend: _____

Telephone: (___) _____ Grade: _____

Is child enrolled in a special education program? _____ Yes _____ No

If yes, what type: _____

Contact Person:

Day Care or Respite Provider(s)

_____ Phone: (___)

_____ Phone: (___)

Does the child have specific hobbies or interests? Does the child have special abilities/talents (e.g., music, art, athletics)? Does the child prefer group or solitary activities?

Does the child have preferences that the foster parent may want to know about (e.g., favorite foods, clothing, toys, music)?

Placing agency has given the foster parent:

☐ Birth certificate (copy), if available	☐ Medical records/summary	* ☐ Social history/summary
* ☐ Court order	☐ Permission to operate hazardous machines	☐ Social Security Card
* ☐ Court report/summary	☐ Placement Agreement	* ☐ Summary of social/ psychiatric evaluations
* ☐ Dental records/summary	* ☐ School academic records/summary	
☐ Information on child's specific diagnosis and/or disability	☐ School and community activity permissions	☐ Summary of mental health treatment
☐ MA card	☐ Signed medical release for emergency health care	

* Summary is requested to ensure that materials (e.g., psychological assessments) can be interpreted by foster parents. Primary source documents can be provided if useful for clarification.