CHAPTER HSS 37

APPENDIX A

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FACE SHEET
FOR CHILD IN FOSTER CARE

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

* 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.