## CHAPTER HFS 37 APPENDIX A

## INFORMATION FOR FOSTER PARENTS FACE SHEET

Date of Placement:/	·
Child's Name:	Nickname(s): SS#:
Cultural Identification (as indicated by child if old enough):  Height: lbs.  Religious Preference (of child or family):  Physical Characteristics (e.g., scars, tattoos, birthmarks, discoloration)	ons):
Child's Social Worker With Whom Foster Parent Will Have Contact Name: Title:	t:
Agency:	$(a_{i+1}, \dots, a_{i+1}) = (b_{i+1}, \dots, b_{i+1}) \cdot (b_{i+1}, \dots, b_{i+1})$
Agency Secondary Contact (if social worker not available): Telephone: Regular Hours: () After Hours: ()	
Reason(s) for Pla	acement
Delinquent Act(s)AssaultiveNon-Assaultive	Nature of Offense(s):
CHIPS, other than CAN	Type of CHIPS:
CAN	Relationship of Alleged Perpetrator(s)
Physical Abuse Sexual Abuse Emotional Abuse Neglect	Does the child exhibit any inappropriate sexual behaviors?
Developmental DisabilityPhysical HandicapAODAEmotional Disturbance (note related behaviors, e.g., fire starter)Learning Disability	
This is a:	
Voluntary Placement	
Court_ordered Placement	

A Particular Control of the Control

Medical	Assistance #:						
Insuranc	e Company (if any): Name Telephone: ()		t to other or so	<del></del>	\$ <b>\$</b> y		· · · · · · · · · · · · · · · · · · ·
	Policy #:				Group #:		
Physicia	n:		· · · · · · · · · · · · · · · · · · ·	<u>.                                    </u>	Туре:	m 1 m	<u> </u>
	Address:			i:	<u> </u>		.3 1 guings
	Telephone: ()				ili Santa ya <del>t</del> a		i dan Rejil
Dentist:			12 (1 San			and the state of t	
	Address:			are are arrived to the comment of th	· · ·	and the second second	
	Telephone: ()						
Other H	ealth Specialists/Therapists						
	Name:			Tel	ephone: ()		<u>- 1.3 3</u> 1 19
	Specialty:					1417	
	Name:		****	Tel	ephone: ()		<u>:'</u>
	Name:Specialty:	****	<del>–</del> "isi" (Kilet)			•	
Preferre	d Hospital						
	(Note: Use of hospital may be	dictated by	insurance compan	y/plan)	·	· :	
		•	:		+ 1000	. 7 - 4 V.	

Is foster parent expected to participate in therapy with the child?  $\Box$ Yes  $\Box$ No

			. :		112	
Name of	☐ Birth Mother:	•			•	
Child's	☐ Stepmother:		1,440		e Ta	
(Check most appropriate one) Address:	☐ Adoptive mothe	r:				
Telephone: ( )						Ì
Name of	Birth Father:			in discount of	٠.	
Child's	Stepfather:	1 47	•			
(Check most appropriate one)		reserve d	, '	. '		
Address:						
Child's Siblings:		t at in g				
Name:					a Marie Marie III. Marie Marie Ma	İ
	ome Out of hom				r Line services	
Name:		•				
□ At h	ome Out of hom	ie (where:		<u>~)</u>	n systa i si	
Name:	DOB://	Phone: ()				
□ At h	ome Out of hom	ne (where:			+	
Significant Extended Family Member	s (Name, Phone and l	Relationship):				
Legal Custodian:				_		
Relationship:						
Address:			Phone: ()_			
GAL*/Legal Counsel:					and grown	
Address: Telephone: ()		:			et e	
*Guardian ad litem						

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Significant individuals who n	nay be having contact wi	ith the child:	1.7-1.71	
Name	Phone	Relations	<u>hip</u>	4.
		e de la companya de La companya de la co		w ij
:	<u> </u>			
Individuals whose contact wi	th the child is forbidden	or restricted (e.g., supervis	ed visitation)	
		Type of	Rationale (e.g., cou	
<u>Name</u>	<u>Relationship</u>	Restriction	order, parents' wish	<u>es)</u> -
:				u Nasan uka Estat
			•	
Should you have any question	ons about contacts, pleas		rker.)	
)			554 . 1 1. 5	
Previous Placements (If no co	ourt order pronibiting rei	lease of name of previous f	oster nome placement(s))	
Type (FH, GH, RCC/CCI, hospital, etc.)	Name	<u>Dates</u>	en de la granda de la companya de l La companya de la co	
KCC/CCI, HOSPINAL, CIC.J	<u>ivaine</u>	<u>Dates</u>		to explain the second
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;		<del></del>		
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		p	<del>_</del>	
	· · · · · · · · · · · · · · · · · · ·		The state of the community of the state of t	Andrew States and Stat
School Attending or Will At	tend:		·	
•	:		Cuada	<del>and the sec</del> statement
			Grade:	<del> </del>
Is child enrolled in a special	education program?	Yes No		
If yes, what type: _				_
Contact Person:				
Day Care or Respite Provide	er(s)		All the second of the second o	
	Pho	one: ( )		
<del></del>	Pho	one: ()		

Does the child have sp Does the child prefer	pecific hobbie	arv activitiee?	<del>-</del>	abilities/talents (e.g., music, art, athletics)?
Does the child prefer	group or some	try activities:	a. To the task ask collection. Collection	Maria pilitir
A control of the section of the sect			i i i i i i i i i i i i i i i i i i i	
	, <u> </u>	(		ersen er film er skriver og film er
ì	· •	<u>.</u>		anteria condo como el William Condo de
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· · · · · · · · · · · · · · · · · · ·			19 11 11 11 11 11 11 11 11 11 11 11 11 1	ago per orta la recentiva de la cello de l
Does the child have p	references tha	t the foster par	and the second section of the section of	(e.g., favorite foods, clothing, toys, music)?  with the endingly and the state of
				( g) to toplet a survey of
:			Part <sup>11</sup> or	oen va sjeefig as steakivin it
V	<u> </u>		egite is a sign	with output orbits began deal
Placing agency has gi	ven the toster	parent:		e: 1
☐ Birth certificate if available	e (copy),		Medical records/summary	* * Social history/summary
* □ Court order			Permission to operate hazardous machines	finite production of the second security Carden and the second security Carden and the second
* □ Court report/sum	ımary		Placement Agreement	* ☐ Summary of social/ psychiatric evaluations
* □ Dental records/su	ummary		School academic records/summary	gan decembris. 41. a. a. b. b. 1. 11
☐ Information on o specific diagnos disability			School and community activity permissions	☐ Summary of mental health treatment
□ MA card	· 1		Signed medical release for emergency health	action of the second of the se
i	\$			The Market of Course and Course with A course of the Course of Cou
				A Company of the Comp
* Summary is reques	sted to ensure ments can be p	that materials provided if use	(e.g., psychological assessme eful for clarification.	ents) can be interpreted by foster parents.
	: :	1		And American States

## CHAPTER HFS 37 APPENDIX B

INFORMATION FOR FOSTER PARENTS CHECKLIST	;	,	1:	
CHECKNIO	Yes	No	NK *	If "Yes", please comment
1. Previous hospitalizations				WARRANCE CO.
a. Was anesthesia used? b. Problems with anesthesia?				
2. Previous serious illnesses or injuries				
3. Has child had any other medical tests (e.g., CAT Scan, EEG, MRI)?				
4. Taking any medication including birth control pills or the use of birth control devices which require a prescription or other involvement of a physician? (If "Yes", name of medication, dosage, reason, prescription or over the counter, how given, by whom, who prescribed).	15. Ft.	422 th 11		
5. Immunizations (Indicate date(s))				Date(s)
DPT (infants)(Diptheria, Pertussis, Tetanus)				
Polio (type: TOPV-Oral or IPV-Injectable)				er mengelig er en egen e
MMR (Measies, Mumps, Rubella)		54.11		komon vitan Lagar makan meri
Flu				,
Pneumonia	i		1 - 7 -	ng manggara katili ng tili. Tanggara
Hepatitis B				*
6. Significant biological family medical history: (e.g., cancer, heart problems)				
7. Medical needs			2 300	an average it is the
Apnea monitor				
Gastrostomy State Control of the Con				al in the Detector
Tracheotomy				
in Ventilator mark it is a comparable to the				and in this territory for
Heart monitor				eksery ja til og ti Se til og ti
Other (specify)				
8. Degenerative disorder				
9. Allergies, including animals, insect bites/stings, soap, wool, food, drugs, milk. (If "Yes", to what, symptoms, treatment)				
10. Child has or ever had the following: (If yes, date child had it)			200	Date(s)
7–day Measles				Contraction of the Contraction o
3-day German Measles		1		1
Chicken Pox				1
Rubella	<u> </u>	<del>                                     </del>	1	
Mumps	<u> </u>	<del> </del>	$T^{-}$	1
Whooping Cough			$\vdash$	1
Scarlet Fever				1

٠.		Yes	No	NK *	If "Yes", please comment
	Strep Throat	11.	44.41	3.7	
	Impetigo		4.50		7
	Lice				
	Worms		,		:·
	Sexually Transmitted Disease	70 112		2.7	
	Hepatitis B		1 44.	:5	:
	Polio	1 1 1		N 1 744	
	Pneumonia	·.	15 .		1
	Mononucleosis			1 1 1 1 1	7 B
	Scabies				austra (k.)
	Other	71 j. ak.		Section 44	:
11.	Current dental problems		· .	,	
	Braces or retainers?				,
	Bridges or dentures?				agazar ta a sa kata
	Last dental exam date?				:
12.	Appetite above or below normal				· :
	Balanced diet		2.25		.)
	Unusual eating patterns/habits (e.g., large sugar intake, no vegetables)	11.			ng kacamatan di Ast
13.	Abdominal Concerns				
	Has had an ulcer or heartburn				1
	Child regularly uses Tums or other antacid				The state of the s
	Frequent nausea or vomiting			1	
	Child drinks caffeinated coffee or cola. How much per day?				
	Has had "yellow jaundice" or liver disease			1	
	Gets abdominal pain				
	Child uses laxatives. How often?			<u> </u>	The Angles
	Becomes constipated or gets diarrhea	- 1:		1	4
	Has had blood in stool recently	<u> </u>			
	Special diet needs (religious, medical, philosophical, vitamin/mineral supplements, etc.)	<u> </u>			-
14.	Anorexia/bulimia/other eating disorders. Ever had treatment?		30.00		
15.	Headaches		1		
	Migraine		100		<u> </u>
16.	Coordination or balance problems/dizziness		$\vdash$		
	Has had serious head injury or loss of consciousness				1

		Yes	No	NK *	If "Yes", please comment
	Numbness or loss of strength in hand, arm or leg			a Book	
	Any trouble with swallowing or speaking				į
17.	Has had a seizure				::
	Has had epilepsy			+71.1	:
	Type and frequency of seizures				
	How to respond				4 9
	Controlled or uncontrolled				
	Ever hospitalized for seizures			(interit	4
	Ongoing medicines for seizures		ii. i	. 1 1,7 (1)	\$
18.	Does child wear glasses? If yes, for how long?			1, .	
	Last eye exam (date, Dr.'s name)	<u> </u>			£ \$
	Blurred or double vision			5. 16	1
	Contact lenses	·	. 1 .	S. 24 Se	+ i
19,	Has hearing problem			- v-5	
	Ringing in ears	v j			:
	Discharge or infection in ears	Torque de			
	Tube(s) in ears		10.10	- 112	į.
20.	Blocking of nose, discharge, post-nasal drip		+ 1 t A	1000	
	Nose bleeds				
	Persistent hoarseness			7944	and a state of
21.	Treatment for skin trouble, rashes, hives, acne, or breaking out				
22.	Has had bursitis, sprain or dislocation of bone or joint				
	Cramps or pain in legs			<u> </u>	
	Backaches			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	Arthritis	- <u>1-1</u>	1.	1	5
23.	Thyroid problems			1	
24.	Child has had test for AIDS/HIV (If yes, date:)		+		Results:
25.	Child has had test for Hepatitis (If yes, (date:)	<u> </u>			Results:
26.	Chest pain or discomfort/heart concerns	<u> </u>		:	
20.	Asthma or wheezing				-
	Cough, phlegm, bronchitis		1	1 1	1
	Has coughed up blood				
	Smoke? If yes, how long? How much?	-	-	-	
	TB skin test. If yes, when? Results?				
		<u> </u>		-	<b>.</b>
	Heart trouble			1	<u> </u>

**		Yes	No	NK *	If "Yes", please comment
	Rheumatic Fever			:	:
	Has had electrocardiogram (EKG)			2.10	
	Has had chest X-ray. If yes, when was last one?		-14		÷
	Heart murmur				
	High or low blood pressure. Last check up?		:		į
	Irregular heart beat	1.:	. A. 1. A.	11.1	1:
	Shortage of breath	11.5	10.140.001	11 11 11	Þ
	Swollen ankles		200 1 11		*
	How many pillows does child sleep on?	. 211	13 3421	11.00	
27.	Urinary or prostate problems/Gall bladder		4 - 74	4. 4.	
	Incontinence, urine or fecal		. 17	-43	£ 4.
	Bleeding or burning when urinating	No. 142		<u> </u>	
	Abnormally frequent urination				
•	Has had kidney or gall bladder stone		21 1 1 1 1	12.75	
28.	Anemia				4-14-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
29.	Blood problems				ir
30.	Cancer, leukemia, or other malignancy				
31.	History of abusing or not taking prescribed medications				100 400
32.	Alcohol use or abuse	٠			days on the first
33.	Other drug use or abuse				Fact of the Control o
	AODA treatment				
34.	Is child menstruating?				Mark Control
	Child understands menstruation				
	Child's periods are normal	1,711	-		
	Excessive cramping or pain				
	PMS symptoms				
	Medication for cramps. If yes, what medication?	· · ·			et in a tr
	Bleeding or discharge other than when menstruating				
	Has had a "yeast" infection		<u> </u>		
	Has had a "Pap" test. If yes, when? Why? Abnormal results?			1 31 20	
35.	Child has physical or developmental disabilities				· · · · · · · · · · · · · · · · · · ·
	If yes, what type of disability?			<u> </u>	
	Autism				4.
	Blindness				y, m
	Cerebral Palsy		<u> </u>		-

\*NK=Not Known At This Time

	Yes	No	NK *	If "Yes", please comment
Deafness		:	i. Mis	
Dyslexia		:	Traffic	
Emotional Disturbance	Ι,			i :
Epilepsy				
Fetal Alcohol Effect	1000	.44		į.
Fetal Alcohol Syndrome		<del></del>		
Mental Retardation	. i			
Muscular Dystrophy			4	.*
Neurological Impairment	gr. 11	15-62-5		
Physical Impairment		Art Rys		The second of
Other (specify):			1	1
Restrictions on Activities (e.g., lifting, driving, riding bikes)	1 1		[:	
Special equipment (e.g., cane, walker, wheelchair)				٠.
36. Considering the age of the child, his/her abilities are are not appropriate for:				
Bathing				Name and the state of the
Feeding			_	A. Transfer
Toileting		<u> </u>		The state of the s
Dressing		17.51		
Learning				
Receptive Language		<del> </del>	ļ <u>.</u>	14
Mobility			-	
Danger Awareness	<u> </u>	1	<u> </u>	e santa
Social/Emotional Functioning	-	<u> </u>		
Capacity for Independent Living		<u> </u>	<u> </u>	<u> </u>
Other (specify):		1		J
37. Limitations in verbal skills. (If yes, also check a or b below)	ļ			
		-		J
	ļ		1	•••
b. Child has very limited verbal skills	2 14			
38. History of behavioral or emotional problems		1 11 1		
39. History of treatment for behavioral or emotional problems at a clinic or hospital				
40. Someone in child's immediate family has been treated or hospitalized for emotional or mental health problems. (If yes, also check below)		1		
Depression				-
Anxiety			•	
Mood swings				1

<sup>\*</sup>NK=Not Known At This Time

	and Might Market in the Company of t	Yes	No	NK *	If "Yes", please comment
	Suicide attempts	1:		7974 7	:
	AODA		1 ,	43 - 4	.ee R
	Mental Health		7.793	B 20	
41.	Has the child ever:				to a production
	Felt hopeless or depressed				e et a
	Had unexplained crying spells		75 4 7 g N	7	
	Planned or attempted suicide		No. 14		)
	Had peculiar or bizarre thoughts	spin to	11 444 4	;	ter en en e
	Had trouble eating or sleeping (either too much or too little)				
	Had an excess of energy or activity				
	Felt like hurting him/her self				A CASTA
	Displayed reckless or dangerous behavior		<u> </u>		· i., · t
	Heard things no one else around him/her heard				
	Shown inappropriate emotions (reactions that didn't make sense in the situation).				are for a
	Assaulted anyone physically (if yes, who, how recently, and how severely).				internation
	Assaulted anyone sexually (if yes, who, how recently, and how severely).				en e
	Assaulted or abused animals				A HER
42.	Child has had any of the following problems at home or in the community.				filaty. P
•	Withdrawing socially (doesn't want to be around other people)				
	Lying or stealing	<b></b>			
	Arguing or fighting with peers or siblings				
	Clinging excessively to a parent, teacher or other person			<del>                                     </del>	
	Problems with police		<del>                                     </del>	<del> </del>	
	Setting fires				
	Refusing to follow instructions from parents or obey house rules, etc.		<del> </del>	<del>                                     </del>	
43.	Child ran away in past. (If yes, answer below)		<u> </u>	<u> </u>	
	For how long?		<u> </u>	<u> </u>	,
	From where did child run?				
	Where did child go?				
	How was child returned? (Voluntarily, law enforcement, social worker?)				
	Why did child run?				
	Did/does child run alone or with others?				
44.	Child has had any of the following problems at school				
	Poor grades				

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÷		Yes	No	NK *	If "Yes", please comment
	Difficulty making friends			. ***	
	Suspensions from school				A Agra
	Fighting or arguing with peers or teachers			11	s is the
	Frequent lying or stealing				4 A 1 44
	Frequent truancy (including cutting classes)		1.0		
45.	Child has trouble sleeping. If yes, answer below:	i.			11 ( 1
	Child takes sleeping pills. If yes, how often?	45/14	1.31	- 7 (4	y : 4 * **
	General sleeping pattern (sleep alone, cold or warm room, lights on or off, door open or closed, usual hours of sleep, naps, sleep with toy,		4.4		. 1-13 ·
	pajamas, sleep walk, wake during night, etc.) (Circle appropriate description or describe:		i i		a Maria
46.	Child has fears/phobias. If yes, answer below:	<del>                                     </del>			
	Darkness				
	Animals				
	Cars				]
	Loud noises				e e e e e e e e e e e e e e e e e e e
	Heights 4 And the second section of the sec		1,111.		`.
	Water (e.g., swimming pools, baths, lakes)			\	
	Weather (e.g., wind, thunder, storms)				esterior de la companya de la compan
	Other (specify)		a large		Mark 2
47.	Child has a history of making abuse allegations against care providers	,	* -41	1.55	i i talaga a

\*NK=Not Known At This Time