

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

**Chapter DCF 37**

**APPENDIX A**

**INFORMATION FOR FOSTER PARENTS  
FACE SHEET**

Date of Placement: \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |
|--|
| Child's Name: _____ Nickname(s): _____<br>DOB: ____/____/____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female SS#: ____-____-____<br>Cultural Identification (as indicated by child if old enough): _____<br>Height: _____ Weight: _____ lbs.<br>Religious Preference (of child or family): _____<br>Physical Characteristics (e.g., scars, tattoos, birthmarks, discolorations): _____ |
|--|

|  |
|--|
| Child's Social Worker With Whom Foster Parent Will Have Contact:<br>Name: _____ Title: _____<br>Agency: _____<br>Agency Secondary Contact (if social worker not available):<br>Telephone: Regular Hours: (____) _____<br>After Hours: (____) _____ |
|--|

| Reason(s) for Placement   |  |
|---|--|
| <input type="checkbox"/> Delinquent Act(s)<br><input type="checkbox"/> Assaultive<br><input type="checkbox"/> Non-Assaultive  | Nature of Offense(s):  |
| <input type="checkbox"/> CHIPS, other than CAN  | Type of CHIPS:   |
| <input type="checkbox"/> CAN<br><input type="checkbox"/> Physical Abuse<br><input type="checkbox"/> Sexual Abuse<br><input type="checkbox"/> Emotional Abuse<br><input type="checkbox"/> Neglect  | Relationship of Alleged Perpetrator(s)<br>Does the child exhibit any inappropriate sexual behaviors? |
| <input type="checkbox"/> Developmental Disability<br><input type="checkbox"/> Physical Handicap<br><input type="checkbox"/> AODA<br><input type="checkbox"/> Emotional Disturbance (note related behaviors, e.g., fire starter)<br><input type="checkbox"/> Learning Disability |  |

|  |
|--|
| This is a:<br><input type="checkbox"/> Voluntary Placement<br><input type="checkbox"/> Court-ordered Placement |
|--|

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|  |
|--|
| Medical Assistance #:  |
| Insurance Company (if any): Name _____<br>Telephone: ( ) _____                                 |
| Policy #: _____ Group #: _____   |
| Physician: _____ Type: _____   |
| Address: _____   |
| Telephone: ( ) _____   |
| Dentist: _____   |
| Address: _____   |
| Telephone: ( ) _____   |
| Other Health Specialists/Therapists  |
| Name: _____ Telephone: ( ) _____<br>Specialty: _____   |
| Name: _____ Telephone: ( ) _____<br>Specialty: _____   |
| Preferred Hospital: _____<br>(Note: Use of hospital may be dictated by insurance company/plan) |

|  |
|--|
| Is foster parent expected to participate in therapy with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

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Name of  Birth Mother:  
 Child's  Stepmother:  
 (Check most appropriate one)  Adoptive mother:  
 Address: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

Name of  Birth Father:  
 Child's  Stepfather:  
 (Check most appropriate one)  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

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Significant individuals who may be having contact with the child:

| <u>Name</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|--------------|---------------------|
| _____       | _____        |                     |
| _____       | _____        |                     |
| _____       | _____        |                     |
| _____       | _____        |                     |

  

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

| <u>Name</u> | <u>Relationship</u> | <u>Type of Restriction</u> | <u>Rationale (e.g., court order, parents' wishes)</u> |
|-------------|---------------------|----------------------------|---|
| _____       | _____               | _____                      |   |
| _____       | _____               | _____                      |   |
| _____       | _____               | _____                      |   |
| _____       | _____               | _____                      |   |

(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))

| <u>Type (FH, GH, RCC/CCI, hospital, etc.)</u> | <u>Name</u> | <u>Dates</u> |
|---|-------------|--------------|
| _____   | _____       | _____        |
| _____   | _____       | _____        |
| _____   | _____       | _____        |
| _____   | _____       | _____        |
| _____   | _____       | _____        |
| _____   | _____       | _____        |

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: ( ) \_\_\_\_\_

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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:

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