

CHILD'S INFORMATION CHECKLIST

The Journey Placement Notebook was developed to provide the foster/resource parent with a mechanism to receive information about a child that they care for. There may be times when the child's DHHR worker may not have all the information about a child at the time of placement; however, it is expected that it should be forthcoming as soon as the information is made available. The Child Information Checklist is not a comprehensive list as each child's circumstances are unique. The information provided may be contained in a report or document. The following is an example of what you should expect to receive from the child's DHHR worker.

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| <input type="checkbox"/> | Youth ID Card and information on how to obtain the identification card. | <input type="checkbox"/> | Birth and Medical History of Child
(SS-F-12A) Immunization Record |
| <input type="checkbox"/> | Notice of Next MDT Meeting | <input type="checkbox"/> | Child, Youth and Family Case Plan |
| <input type="checkbox"/> | Notice of Next Court Hearing | | Child's Identification Information |
| <input type="checkbox"/> | Copy of Placement Agreement
(SS-FC-5) | | Parties to Civil Action |
| | Child's Demographics | | Reasons for Custody |
| | Date of Placement | | Safety Plan/Visitation Plan |
| | Boarding Care Rate | | Placement Information |
| | Placement Clothing Allowance (if applicable) | | Child's Special Needs |
| | Visitation Plan | | Services Needed/Provided |
| | Any Anticipated Problems | | Child's Medical History |
| | Placement Needs | | Educational Information |
| | Placement Goals | | Sibling Information (if applicable) |
| | Agreement (this form must be signed) | | Child Support |
| <input type="checkbox"/> | Medical Card or | | Independent Living Plan (if applicable) |
| <input type="checkbox"/> | Temporary Medical Card and Authorization Letter (SS-FC-40 and 40A) | <input type="checkbox"/> | Treatment Plan |
| <input type="checkbox"/> | Child Summary | <input type="checkbox"/> | Permanency Plan |
| | Child Demographics | <input type="checkbox"/> | Clothing/Personal Property Inventory |
| | Removal Conditions | <input type="checkbox"/> | Child's Savings Account Information (if applicable) |
| | Medical History | <input type="checkbox"/> | Daniel Skill Plan and the Phillip Roy Modules of deficient areas identified in the Daniel Assessment and Lesson Record Book (if applicable) |
| | Development and Educational Information | <input type="checkbox"/> | Life Book |
| | Daily Routine and Personality | <input type="checkbox"/> | Community Resources |
| | Sibling Information (if applicable) | | |
| | Family History (maternal and paternal) | | |
| <input type="checkbox"/> | Birth Parents Background Information
(SS-F-12) | | |

- Placement/Departure Wardrobe and Personal Items
- Child's Daily Schedule
- Child's Daily Behavior Observation Chart
- Medical/Dental Health Care Providers
- Medical Equipment
- Therapists: Health Care/Service Providers
- Medication Record
- Medication Side Effects Checklist
- Schools Attended
- Child Care Attended
- Respite Providers
- Appointment Log
- Communication List
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- _____
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