



Foster Parent Binder

Intake Packet Section:

DO NOT LET CASEWORKER LEAVE WHEN DROPPING OFF A CHILD WITHOUT FILLING OUT AS MUCH OF THIS PAPERWORK AS POSSIBLE.

- MEDICAL PERMISSION FORM **MUST BE SIGNED BY CW.**
- YOUTH ORIENTATION CHECKLIST **MUST BE SIGNED BY**

CW IF UNDER 5yrs***



SERVICE TEAM CONTACT INFORMATION

YOUTH NAME: _____ **MEDICAID #:** _____ **DOB:** _____ **DOP:** _____

FAMILY OF ORIGIN & RELATIVES & RELATIONSHIP TO YOUTH:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

FOSTER PARENTS:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

REFERRING AGENCY CASEWORKER/ CLENT MANAGER:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

MAPLE STAR HOME SUPERVISOR:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

GUARDIAN AD LITEM:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

THERAPIST:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

OTHER:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____



PLACEMENT/RESPIRE ORIENTATION CHECKLIST

Youth's Name (Please Print) _____ Date of Placement _____

WITHIN 24 HOURS OF PLACEMNT all youths placed in Colorado foster homes shall be given an orientation to the new placement. At a minimum, the orientation shall include the items which follow.

Physical Condition Upon Arrival (bruises, marks, physical appearance, good health, etc.)

NOTE: If bruises do exist and photos have not already been taken, please take photos.

By my signature I indicate the following were reviewed with me (youth).

NOTE: If child is an infant and unable to be oriented, then indicate so here. _____

- ___ Tour of foster home.
- ___ The foster family's names, their address and phone number(s), in written form.
- ___ Instruction on fire safety, this includes fire alarm and fire evacuation procedures and the outside meeting place for emergency evacuations.
- ___ Instruction on tornado safety, this includes tornado drills, evacuation procedures and the meeting place in the event of this type of emergency.
- ___ The rules of the foster home.
- ___ Possible consequences for rule infractions.
- ___ A copy of Maple Star's policy on Children's Rights. (Not applicable for respite placements.)
- ___ A copy of Maple Star's Grievance Procedures policy. (Not applicable for respite placements.)
- ___ A written list of the names, addresses, and phone numbers of my (youth's):
(Please insure respite providers are given the names and numbers of the youth's service team.)
 1. *Guardian ad litem*
 2. Defense attorney (for delinquency actions only)
 3. Probation officer (for delinquency actions only)
 4. Youth Manager (for delinquency actions only)
 5. DHS Case Worker
 6. Therapist (if applicable)
 7. MSC Home Supervisor

Youth's Signature (IF AGE 5+): _____ Orientation Date (**Within 24hrs of DOP**): _____
 If youth under Age 5; CW must initial: _____ Orientation Date (**Within 24hrs of DOP**): _____
 Foster Parent's Signature: _____ Orientation Date (**Within 24hrs of DOP**): _____
 HS confirmation (initials): _____



ADMISSION INVENTORY – CLOTHING AND PERSONAL ITEMS

Please complete upon admission and provide a copy to your Home Supervisor.

Maple Star notes best practice includes Foster Parents also completing an inventory at discharge recording personal items that leave the home with each child.

[No items that belong to a child may EVER be thrown away & must be provided at discharge]

Please complete the table below. Add items which are not listed. Use additional pages as needed.

Please also talk with your foster parents about items not listed below which appear in your possession and how such a situation might be handled.

ITEM	QUANTITY	COLOR	SIZE	CONDITION
UNDERWEAR				
Underpants				
Briefs/Boxers				
Bras				
Slips				
T-shirts/Muscle Shirts				
Socks				
Tights/Hosiery				
Pajamas				
Nightgowns				
OUTERWEAR				
Shirts				
Pants				
Jeans				
Dresses				
Skirts				
Sweaters/Sweatshirts				
Jackets/Coats				
Shoes/Sandals				
Boots				
Caps/Hats				
PERSONAL ITEMS				
Shampoos				
Conditioners				
Razor				
Razor Blades				
Combs				
Brushes				
Hair Accessories				
Other Hair Care Products				
Curler Cases, Curling Irons				
Tubes of Toothpaste				
Toothbrushes				
Deodorant				
Items of Cosmetics				

Youth's signature

Date

Foster Parent signature

Date



MEDICAL PERMISSION FORM

Youth's Name: _____

Date of Birth: _____

Medicaid #: _____

Date of Placement: _____

I _____ the _____
(printed name of parent/guardian) (relationship to youth)

of the youth mentioned above, _____ give the

Maple Star Foster Parent(s) _____
(printed name of foster family)

Provider License #: _____ permission to obtain ongoing medical and dental care for the above named youth. In case of a medical emergency, FP will need to call the youth's county of origin to obtain approval as soon as possible.

**(if the caseworker is unavailable, call the main phone number to contact an on-call worker)*

Signature: Legal Guardian

Date Signed



RECORD OF ADMISSION OF YOUTH TO FAMILY FOSTER CARE

See Regulation 7.714.212 C.1 – C.6

1. Name of Youth _____ Nickname _____
 Gender M F Ethnicity _____
 Religious Preference of Youth or Parent _____
 Date of Placement (DOP) _____ Medicaid # _____
 Reason for Placement _____
 Youth's Date of Birth (DOB) _____ Place of Birth _____

___ Check here if this is an emergency placement; remaining blanks shall be completed if possible; additional information shall be provided to foster parents as soon as it is available. Medical statements shall also be obtained as soon as possible. *In the event of suspected child abuse, a statement describing external signs of injury at the time of placement should be attached. Indicate on "Placement Orientation" form and attach a copy of the form.*

2. **Rationale for placement in this foster home** _____

3. **Address and telephone number of Youth** _____

4. **Individual or agency with legal custody or guardianship of the child who is authorized to place or remove the child from foster care:**

Name of Custodian/Guardian _____
 Address _____
 Telephone _____ Fax _____

Night phone number, employment phone number, or other information required to reach the person or agency named above in the event an emergency: Maple Star Colorado 1-888-468-8068

Name address of individual who arranged this placement:

Name of MS Staff Person: _____

- 2250 S. Oneida St., Suite 100, Denver CO 80224 ph:(303) 433-1975
- 1465 N. Union Blvd. Suite 102 Colorado Springs, CO 80909 ph:(303) 433-1975

5. **Youth's Legal Status (check all that apply)**

- No legal involvement (D&N/Court Ordered or Voluntary Placement with DHS)
- Probation Deferred Sentence Adjudicated Committed
- Other (specify) _____



6. **Case Worker (or Client Manager) is to provide all of the following available items:**

- court orders, the appointment of a *guardian ad litem*, legal guardianship statement, or
- custody agreements. Check mark documents provided.

g.a.l.'s Name _____ Phone # _____
g.a.l.'s Address _____

1. Per 7.714.40 G.1 See Placement Plan and DHS Family Services Plan for detailed information.
 Per 7.714.40 G.2 See Maple Star Policy and Procedure Guide. Exceptions, if any, on the use of physical management? _____
 Per 7.714.40 G.3 See Placement Plan for the delineation of roles and responsibilities.
 Per 7.714.40 G.4 and G.5 By signature below, the County Department of Human Services Worker authorizes the foster care provider to provide, for the Youth, any needed care and treatment, to obtain routine medical and dental care.
 Per 7.714.40 G.6 See #4 on page 1 of this Record of Admission for youth's legal status.
 Per 7.714.40 G.7 See Form SS-23-A, the DHS Contract with Maple Star Colorado.

8. County Worker ***must*** provide Youth's Medical Passport at placement. Medical Passport ***must*** include the following – without exception! Check items included in the Medical Passport to ensure each item is included.

- Doctor or medical resource to be contacted in the event of an emergency:
- Illnesses which the child had in the past six months and treatment given:
 - List any chronic or handicapping problem which the child has: (include seizures, asthma, allergies, diabetes, heart disease, respiratory illness, drug reactions):
 - Describe symptoms and give instructions for care for any of the above mentioned conditions. Use a separate sheet if necessary.
- Mark any known illnesses which the child has had.

Measles _____	German Measles _____	Chicken Pox _____
Mumps _____	Scarlet Fever _____	Strep Throat _____
Rheumatic Fever _____		Other _____
- List all medications the Youth currently takes. Do so on the Maple Star form titled "Record of Prescribed Medications".
- Record of immunizations.

The undersigned parent, guardian, or agency hereby certifies that it/they have legal custody or statutory authority to authorize foster care for the child named and do hereby authorize and direct the foster parents named below to provide twenty-four hour care of the named child until such time as the undersigned does exercise its lawful authority to remove such child from care. Foster parents shall be reimbursed for such expenses.

Parent, guardian, agency or other lawful authority with responsibility for the child named herein.

AGREEMENT WITH FOSTER CARE PROVIDER FOR PLACEMENT OF A YOUTH

I, the undersigned, agree that the above-named youth will be placed in my licensed foster home. I also agree that I will give Maple Star Colorado 30 days prior notice if I decide the youth is not a good "fit" for this placement, except in some cases of emergency situations.

 Primary Foster Parent Signature Date Signed Support Foster Parent Sig., if available Date



Recreational Permission Form

I, _____ (legal guardian) give permission
for _____ (name of child) to participate in the following
activities:

Please check all that apply:

- Swimming
- Water Park
- Biking with helmet
- Hiking
- Camping
- Horseback Riding with helmet
- Boating/ Water Sports (tubing, skiing, etc.)
- Motorized scooters, bikes, etc. (with helmet)
- Roller Skating/Rollerblading
- Ice Skating
- Skiing/Snowboarding
- Sledding
- Snow Shoeing
- Trampoline
- Amusement Park Rides
- Park Equipment (swings, slides, etc.)
- Skate Boarding
- Indoor Rock Climbing
- Outdoor Rock Climbing
- Bounce Houses
- Hair Trim – Please specify amount:** _____
- Flu Shot
- Other _____

Conditions of Permission (if None, please indicate):

Legal Guardian

Date