



Placement Check Off List

When a Child is Placed in Your Home

You should receive:

Yes	No	
		Agency Agreement Form (Placement Paper)
		Signed by Social Worker
		Signed by You
		Phone Number of Social Worker that you can read
		Phone Number of Dispatch
		Your Monthly Reimbursement Rate
		Estimated Length Child will Stay – if only for a weekend it should be noted.

Received:

Yes	No	
		Medical Consent Form or Partnership Plan Card
		Partnership Health Plan Card (Medi-Cal Card)
		Medical Consent Form, if Plan Card is unavailable
		In an Emergency, use your Placement Paper & call

Remember:

1. Make an **Appointment for a CHDP Exam** (within 30 days)
2. **Call Cherie** for needed items and to make arrangement to shop at Target for Essential Placement Items
3. **Call Ashley Logins-Miller** for Placement Questions or Concerns at **(530) 666-8507 or (530) 666-8501**

(530) 666-8920 CPS Dispatch

If after-hour concerns arise

Placement Passport

What should be in this Passport:

Item:	In Passport
Current Picture of Child	
Placement Agreement	
Placement Check-Off List	
Birth Certificate (if available)	
Medical Consent Form	
Partnership / Medical Cards	
Immunization Records	
School IEP (if child has one)	
School Report Cards	
Case Plans	
Court Reports	
Incident Reports	
Health & Education Passport from the Public Health Nurse	

This Placement Passport is to be kept by you as long as this child is in your care. Remember... when this child leaves your care, this Passport travels with the child.

Placement Passport

Place
Picture
Of
Child

Name:			
Nicknames or Other Names Used:			
Sex:	Ethnicity:	Language:	Court Number:
Social Worker:		Social Worker's Phone Number:	
Date Updated:	By:	Phone Number:	

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Placement Passport

This Book Belongs To:

Name:

Nickname:

Place of Birth:

Date of Birth:

Father's Name:

Mother's Name:

Paternal Grandparents' Names:

Maternal Grandparents' Names:

Siblings' Names and Birthdates:

Agency: Yolo County Child Welfare Services

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Placement Passport

All About Me!

Name:	Date:
Favorite Nickname:	Age:
School:	Grade:
Teacher:	Class Room:
Weight:	Height:
Hair Color:	Eye Color:

What I Like:
Favorite Color:
Things I Like To Do:
Favorite Dinner:
Favorite Breakfast:
Favorite Snack:
Favorite Game:
Places I Like To Go:
Favorite Animals:

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School Information

School	Date	Grade	Strengths	Weaknesses	Attendance Concerns

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Community, Social and Sports Activities

Such as: Church Affiliation, Community Services,
Scouting, Team Sports, and School Clubs

Activities	Date	Contact Person & Phone Number	Description

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Placement Passport
Questions for the Doctor

Child's Name: _____ Doctor's Name: _____

Date: _____ Weight: _____ Height: _____

Questions: _____

Doctor's Notes:

Recommendations: _____

Next Appointment: _____

Doctor's Signature: _____

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Medical Alerts: Allergies

Known Allergies: (Bee Stings, Food, Pets, Medical)	Results:	What Was Done:	Date:

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Placement Passport
Current Providers
Medical – Dental – Mental Health

Name:	Address:	Phone Number:	Date:

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Medications

Medication:	Reason:	Length:	Date:

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Placement Passport

Child's Name: _____ Doctor's Name: _____

Foster Parent's Name: _____

The foster parent named above is permitted to administer _____
_____ at the dosage of _____ to the Child named above
as needed for fever or pain. This medication can be given every ____
hours.

Reason for medication: _____

Alternate medication: _____ dosage _____ how often _____

Doctor's signature: _____

Date: _____

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Placement Passport

Child's Name: _____ Doctor's Name: _____

Foster Parent's Name: _____

The foster parent named above is permitted to administer the following
(please fill in name of medicine)

cough medicine _____ cold medicine _____

dosage _____ dosage _____

how often _____ how often _____

to the Child named above as needed for a cough or cold.

Alternate over the counter medication: _____

dosage: _____ How often _____

Doctor's signature: _____

Date: _____

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