

# Check-Off List

## For Placement of a New Child

***You should receive:***

Received		<b>Agency Agreement Form</b>
Yes	No	
		<b>A Completed Agency Agreement Form (Placement Paper)</b>
		▪ <b>Signed by Social Worker</b>
		▪ <b>Signed by You</b>
		▪ <b>Phone number of Social Worker</b>
		▪ <b>Phone number of Police Dispatch</b>
		▪ <b>It should include your monthly rate</b>
		▪ <b>Length of Stay for the Child</b>
		▪ <b>If only for a Weekend, it should be Noted</b>
		▪ <b>(530) 666-8920 CPS Dispatch, if after-hours</b>

Received		<b>Medical Consent Form or Partnership Plan Card</b>
Yes	No	
		<b>Partnership Health Plan Card (Medi-Cal Card)</b>
		<b>Medical Consent Form, if Plan Card is unavailable</b>
		<b>In an Emergency, use your Placement Paper &amp; call CPS Dispatch @ (530) 666-8920</b>

		<b>Make an Appointment for a CHDP Exam (within 30 days)</b>
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**For Placement Questions or Concerns Please Call:  
Kimberly Byrd @ (530) 666-8469**