

FOSTER HOME STATEMENT

Foster Parent's Name _____

Address _____

Signature _____

Child's Name	Begin Date	End Date	Total Days	OFFICE USE ONLY			
				Age	Rate	Amount	Total

Begin date: First day of the month or first day child stays in home.
 End date: Last day of the month or last night child stays in home.
 (Board is paid for the day the child is placed in your home, but not for the day he leaves your home.)

Please have statements sent in by the 7th of the following month in order for bookkeeping to guarantee payment on time. – Thank you

THANK YOU FOR LENDING YOUR HEART AND HOME.

Columbiana County Department of Job & Family Services
 Children Services
 110 N Nelson Avenue
 Lisbon, Ohio 44432
 (330) 424-7781
 FAX (330) 424-0931

Attn: Jodi Routhieaux

MONTHLY NOTE FROM FOSTER PARENTS

Child's Name: _____

Month of: _____

My face to face contact with agency representative was on the following dates:

Foster Parent: _____ Date: _____

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MONTHLY HEALTH ACTIVITY SHEET
Please Submit With Your Monthly Notes If Any
Health Related Activities Occurred During the Month

Child's Name: _____

Foster Parent/Provider Name: _____

Case Number: _____

Type of Activity:

- _____ Healthchek Exam (Intake Physical) by Doctor
- _____ Healthchek Exam (Annual Physical) by Doctor
- _____ Doctor Visit (anything else beside Healthchek exam)
- _____ Dentist Visit
- _____ Eye Doctor Visit
- _____ Audiologist Visit
- _____ Immunization Updated (type of immunization received)
- _____ Pre-natal Visit
- _____ Other, please specify _____

Date of Appointment: _____

Results of Appointments (Why child went to doctor and what doctor did)

Does the child have to go back for a follow up visit? Yes _____ No _____

If yes, date of appointment: _____

Will transportation be needed? _____

Foster Parent/Providers' Name _____ Date _____

Social Worker's Name _____ Date _____

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