



## **Lutheran Family Services Rocky Mountains**

Foster Care

### **Foster Parent Monthly Checklist**

(Complete monthly and submit on the 5<sup>th</sup> day following end of month)

Foster Parent(s) Name: \_\_\_\_\_ Month Completed: \_\_\_\_\_

**For any 'yes' answer, an explanation is required (please use the back of the form if you need more room)**

#### **General Information for the specified month (include foster children):**

- |   |        |         |
|---|--------|---------|
| 1. Do you have any house construction going on now or planned in the next 90 days?  | ___ No | ___ Yes |
| 2. Have you purchased or do you plan on purchasing any new recreational equipment?  | ___ No | ___ Yes |
| 3. Do you have any new vehicles that you use to transport foster children? Vehicles departed?   | ___ No | ___ Yes |
| 4. Any new pets or any plans to bring a new pet into your home? Pets departed?  | ___ No | ___ Yes |
| 5. Any vacations/trips, or moves planned within the next 90 days? <b><u>call licensing if moving</u></b>  | ___ No | ___ Yes |
| 6. Any new firearms or weapons or plans to bring any into your home?  | ___ No | ___ Yes |
| 7. Any changes in how you have stored firearms or weapons in your home?   | ___ No | ___ Yes |
| 8. Any changes in how you have stored hazardous materials in your home?   | ___ No | ___ Yes |
| 9. Any changes in how you have stored medications in your home?   | ___ No | ___ Yes |
| 10. Has anyone in household been arrested/convicted of any criminal activity in the last month?   | ___ No | ___ Yes |
| 11. Has anyone in household had changes in their medical or mental health?<br>(Changes to medication, diagnosis, therapy, hospitalizations, ER visit, injury, etc.) | ___ No | ___ Yes |
| 12. Have you had any children move from your home?  | ___ No | ___ Yes |
| 13. Have you had any children placed in your home?  | ___ No | ___ Yes |
- If yes, attach New Child Orientation

#### **Information about other people living in your home (not foster children) for the specified month:**

- |  |        |         |
|--|--------|---------|
| 1. Has anyone moved into your home? (include temporary arrangements) | ___ No | ___ Yes |
| 2. Do you know of anyone who will be moving into your home?          | ___ No | ___ Yes |
| 3. Has anyone moved out of your home?                                | ___ No | ___ Yes |

#### **Drills (for the specified month):**

**Fire drills must be conducted MONTHLY Tornado drills must be conducted April through August**

☐ Fire ☐ Tornado Date: \_\_\_\_\_ Length of time: \_\_\_\_\_

#### **Emergency Preparedness Training Topic (for the specified month):**

**Emergency Preparedness Trainings must be conducted twice a year**

Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

#### **Suggestions for How LFSRM Can Offer Additional Support:**

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**Training:** Attach documentation of training completed (certificate of completion, book report, completed pre-approval form, etc.)

Family Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

LFSRM Staff Signature \_\_\_\_\_ Date \_\_\_\_\_