

Foster Parent Monthly Checklist

(Complete monthly and submit with Parent Report and Billing Form)

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

Month: \_\_\_\_\_

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

General Information:

- 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? \_\_\_No \_\_\_Yes
4. Any new pets or any plans to bring a new pet into your home? \_\_\_No \_\_\_Yes
5. Any vacations, trips, or moves planned within the next 90 days? \_\_\_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? \_\_\_No \_\_\_Yes
(Changes to medication, diagnosis, therapy, hospitalizations, ER visit, injury, etc.)
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 (other than foster children):

- 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:

[ ] Fire [ ] Tornado Date: \_\_\_\_\_ Length of time: \_\_\_\_\_

List Children Present: \_\_\_\_\_

Emergency Preparedness Training Topic: \_\_\_\_\_

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

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

Family Care Provider Signature

Date

LFS Staff Signature

Date