

New Child Orientation

Foster Parent must complete within 24 hours of placement in home.
Return form to LFS Office with monthly paperwork. Please be sure to fill in each section with the requested information or form will be returned to you for completion.

Foster Parent: _____ Placement Date: _____
 Name of Child: _____ Birth Date: _____

Tour of home completed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Instruction/Demonstration of fire alarm, fire evacuation procedures, escape routes and exits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
House rules discussed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of any pre-approved limitation of child's rights; type of discipline used; consequences for certain behaviors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foster Child's Rights Form reviewed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grievance Procedure reviewed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Medical Appointment	Dental Appointment	Vision Appointment
Date called for appt.			
Date appt set for			

Please describe each child's physical condition at time of placement. Document any visible bruising or marks: _____

Please discuss with the child and document their attitude toward removal from their home:

Outcome of discussion with child regarding their religious preference:

Signature _____

Date _____