



"IMPROVING THE LIVES OF CHILDREN"

## FOSTER PARENT MONTHLY DOCUMENTATION CHECKLIST

MONTH: \_\_\_\_\_

CHILD: \_\_\_\_\_

FAMILY: \_\_\_\_\_

DOCUMENT	CHECK ONE	
Weekly Foster Parent Log (4 or 5 a month)		<input type="checkbox"/>
Medicaid Card		<input type="checkbox"/>
Monthly Medication Assessment (Psychotropic Meds)	N/A <input type="checkbox"/>	<input type="checkbox"/>
Medical Reports (All Doctor Visits)	N/A <input type="checkbox"/>	<input type="checkbox"/>
Medication Logs (For All Medications)	N/A <input type="checkbox"/>	<input type="checkbox"/>
Medical Incidents Log	N/A <input type="checkbox"/>	<input type="checkbox"/>
Educational Documents (notices, report cards, ARD's)	N/A <input type="checkbox"/>	<input type="checkbox"/>
Other _____		<input type="checkbox"/>

**RETURN ONE CHECKLIST PER CHILD EVERY MONTH WITH YOUR PAPERWORK**

**\*Please remember to check one of the boxes for each item.\***

**\*\*PAPERWORK FOR ENTIRE MONTH (1ST - 31ST) IS DUE  
ON or BEFORE THE 10TH OF THE FOLLOWING MONTH\*\***

