

HOPE & HOME
4945 N. 30TH Street
COLORADO SPRINGS, CO 80919
(719) 575-9887

Child Admissions Checklist

Instructions: This form must be completed by the foster family **within 24 hours of admission** into the home. Please indicate if child is too young to understand any of the listed items.

Name of Child: _____ Foster Family: _____

Date of Admission: _____

Date Completed:

_____ Tour of the family foster care home

_____ Instructions on fire safety in the home (completed fire drill)

_____ Review of house rules and discipline used in the home

_____ Review of Child's rights and grievance procedure (per Vol 7)*

_____ Completion of Personal Belongings Inventory

_____ Receipt of Authorization for Medical Care Form from Caseworker

_____ Receipt of Health Passport

Foster Parent Signature

Home Supervisor Signature

Child Signature

*Understanding Volume 7 reviews all rights for any child in foster care. A foster child or parent/guardian has the right to file a grievance with the family foster care home. A copy of Hope & Home's grievance procedure is included with Admissions Records in the Foster Parent Handbook.

Hope & Home Monthly Emergency Drill Log

Family Name: _____ Month/Year _____

Date/Drill (mm/dd/yy) (fire, tornado, flood?)	Participants/Ages (Include adults' & children's first names)	Plan of escape (e.g., Ginny gets baby; John gets kids)	Start time (am/pm)	Meeting place & finish time (e.g., mailbox, neighbor's driveway, etc)
January/Fire Date:				
February/Fire Date:				
March/Flood Date:				
April/ Tornado Date:				
May/Tornado Date:				
June/Fire Date:				
July/ Fire Date:				
August/ Flood Date:				
September/Flood Date:				
October/ Fire Date:				
November/Fire Date:				
December/Fire Date:				

Home Supervisor Approval Signature _____

Date _____

Updated April 2016
Licensing Department

HOPE & HOME
4945 N. 30TH COLORADO SPRINGS, CO 80919
ADMISSION INVENTORY
Clothing & Personal Items

Name of Family Foster Home: _____ Date of Placement _____

Name of Child: _____

ITEM	QUANTITY	COLOR	SIZE	CONDITION
UNDERWEAR				
Bra				
Underpants				
Shorts / Briefs				
Slips				
T-Shirts				
Socks				
Pajamas				
Nightgowns				
OUTERWEAR				
Shirts				
Pants				
Jeans				
Dresses				
Jackets / Coats				
Shoes				
Boots				
Caps / Hats				
PERSONAL				
Shampoo				
Comb				
Brush				
Hair Care Products				
Curling Iron				
Hair Dryer				
Toothbrush				
Toothpaste				
Deodorant				
Cosmetics				
MISCELLANEOUS				

Youth Signature: _____ Witness Signature _____

Hope & Home
4945 N. 30th St.
Colorado Springs, Colorado 80919
Phone: 719-575-9887
Fax: Fax 719-575-0553

Foster Children's Rights

Child's Name _____ Date _____

The following are core rights for foster children in residence. These rights may not be restricted or denied by the family foster care home or certifying authority. Every child has the right to:

1. Enjoy freedom of thought, conscience, cultural and ethnic practice, and religion.
2. A reasonable degree of privacy.
3. Have his or her opinions heard and considered, to the greatest extent possible, when any decisions are being made affecting his/her life.
4. Receive appropriate and reasonable adult guidance, support and supervision.
5. Be free from physical abuse or neglect and inhumane treatment. Every foster child has the right to be protected from all forms of sexual exploitation.
6. Receive adequate and appropriate medical care.
7. Receive adequate and appropriate food, clothing, and housing.
8. Live in clean, safe surroundings.
9. Participate in an educational program that will maximize his/her potential in accordance with existing law.
10. Communicate with "significant others" outside the family foster care home, such as a parent or guardian, caseworker, attorney or guardian ad litem, current therapist, physician, religious advisor, and, if appropriate, probation officer.

The following foster children's rights may be limited; to reasonable periods during the day or restricted according to routine of the family foster care home to ensure the protection of the foster children and foster family. Every foster child has the right to:

1. Have access to letter-writing materials, including postage, and to have a foster parent(s) assist him/her if unable to write, prepare, and mail correspondence.
2. Have access to telephones to both make and receive calls in private.
3. Have convenient opportunities to meet with visitors.
4. Wear his/her own clothes, keep and use his/her own personal possessions, and keep and be allowed to spend a reasonable sum of his/her own money.
5. Receive and send sealed correspondence.

Family foster care homes must develop a plan, in conjunction with the certifying authority, regarding the following rights of foster children and these rights must be explained to the foster children upon admission. The notification must be communicated in a language or mode of communication the foster child can understand. There must be plans for:

1. How and when telephone and written communications will take place.
2. How, when and where regular visits of the foster child with relatives, friends, or others interested in his/her welfare will take place.
3. Extenuating circumstances and emergency situations affecting the foster child and his/her family.

Foster Parent's Signature _____ Child's Signature _____



Hope & Home | 4945 N. 30th Street, 3rd Floor, Colorado Springs, CO 80919

INITIAL Child Admission Physical Examination Form
Must be completed and turned in within 14 days! Date Appointment Made _____

Child's Name: _____ Sex _____ DOB _____

Date of Examination: _____ **NOTE: If more space is needed, please use the back side of this sheet!**

Height: _____ Weight: _____ Temperature: _____

If under 2 years old, include the length, head circumference and growth percentile:

Immunizations history or immunizations given:

Skin: _____ Scalp: _____

Eyes - Vision without glasses: Right: _____ Left: _____

Vision with glasses: Right: _____ Left: _____

***Is Optometry Exam recommended for this child? (Please circle) Yes / No**

Ears - Hearing: Right: _____ Left: _____

Nose: _____

Teeth - Number: _____ Condition: _____ Occlusion: _____

Throat - Pharynx: _____ Tonsils: _____

Adenoids: _____ Glands: _____

Thyroid: _____ Chest: _____

Heart: _____ Lungs: _____ Abdomen: _____

Reflexes: _____ Extremities: _____

Posture and Spine: _____ Nutrition: _____

Signs of Endocrine Imbalance: _____

Menses: _____

Blood Pressure: (1) Normal: _____ (2) Abnormal: _____ (3) Vasomotor Stability: _____

Treatment given: _____

Should there be any limitations in the youth's physical activities? _____ If so, please describe: _____

Recommendations: _____

Examining physician's signature: _____ Date: _____

Physician's phone # & complete address (Please print or type) _____

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Child's Name: _____ DOB: _____

Additional Over-The-Counter Drugs
For Use When Necessary

As a foster parent, I am unable to dispense any medication unless prescribed in writing by a physician.
This includes over-the counter drugs such as pain relievers, cough syrup, diaper rash ointment, etc.

Please complete the list below.

Aspirin	NEVER FOR CHILDREN OR TEENS	Baby Powder	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
Acetaminophen	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Antacids	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
Cough Syrup	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Multi-Vitamins	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
Decongestant	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Other	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
Expectorant	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Other	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
Diaper Rash Cream	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Other	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
Cold Syrup	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Other	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
First Aid (minor)	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Other	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____
Ibuprofen	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____	Other	Yes () No () Recommended Brand _____ Dosage: _____ Needed: _____

Physician Signature _____

INITIAL

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Dental Examination Form (Complete within 8 wks of Admission)

Child's Name _____ Date of Birth _____

Date of Exam _____

Name of Care Provider _____

Address of Care Provider _____

Phone Number of Care Provider _____

Diagnosis _____

Recommendations for follow-up care _____

Medications Prescribed _____

Signature of Care Provider _____ Date _____

Please fax to Hope & Home or submit to the Foster Family

If you have your own office forms, please attach them to Hope & Home's form when submitting

Foster Child Permission Form

Child's Name: _____

Date: _____

Please initial next to any activities that you will allow the foster child to participate in. The foster family understands that additional permission will be necessary if traveling out of the county or state and activities that are planned during those trips must be disclosed, to include camping, skiing, hiking, swimming, etc. The foster family will also talk with caseworker prior to enrolling a child in an organized sport.

____ 1. Amusement Park Rides

____ 10. Organized Sports (soccer, volleyball, baseball, etc)

____ 2. Bicycling (helmet will be worn)

____ 11. Roller skating/Skateboarding (helmet worn)

____ 3. Boating

____ 12. Snow Skiing

____ 4. Camping

____ 13. Swimming

____ 5. Fishing

____ 14. Trampoline (safety net in place)

____ 6. Hiking

____ 15. Receive Immunizations

____ 7. Horseback Riding

____ 16. Receive Haircuts

____ 8. Ice Skating

____ 9. Martial arts classes

All activities MUST be supervised by a responsible adult.

Comments: _____

Parent Signature

Date

Caseworker Signature

Date