

Purpose of Form

Form 04FE010E documents information about appointments the child has with service providers. The form provides an ongoing history of needs and services while the child is in emergency foster care.

Instructions for Preparation of Form

The emergency foster care provider prepares the form in triplicate.

TYPE OF APPOINTMENT: After the appropriate type of appointment, i.e., medical, dental, WIC, counseling, etc., enter the information below.

APPOINTMENT DATE: Show the date of the appointment.

REASON FOR APPOINTMENT: Briefly describe the reason the appointment was needed.

NAME AND ADDRESS OF PROVIDER/CLINIC: List the name and address of the provider and/or clinic where the child received the services: health department, guidance center, physician, dentist, psychologist, school personnel, etc.

RESULTS: Briefly describe the outcome of the appointment, i.e., follow-up appointments; medication, prescribed and over-the-counter; referrals to other providers; well child; need for glasses, braces, etc., or what treatment is recommended.

NEXT APPOINTMENT: Enter information regarding the next appointment.

Routing of Form

Both the original and one copy are given to the CW worker upon child's discharge. Original is filed in the CW case and a copy accompanies the child to the next placement.

Copy is retained in the contractor's file for the child.