



Client Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Initial: \_\_\_\_\_ Follow-up: \_\_\_\_\_ Discharge: \_\_\_\_\_

Was the Medical Passport sent with the child/children at discharge/movement? (Not Applicable at placement)

YES NO Foster Parent Signature: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Essential Items:	# of Items Child Owns	# of Items Requested	Miscellaneous Items of Child:	# of Items Child Owns	Additional Description (ex: condition of item, etc)
Underwear			Personal Stereo		
Bras(girls only)			Head Phones		
Slips(girls only)			Pillow(s)		
Socks			Blanket(s)		
Pajamas			Toys:		
Robe(s)			Action Figures		
Short Sleeve Shirts			Balls		
Tank Tops			Other-		
T-Shirts			Other-		
Long Sleeve Shirts			Other-		
Sweatshirts			Other-		
Sweaters			Other-		
Shorts					
Slacks					
Jeans					
Capris(girls only)					
Lightweight Jacket					
Winter Jacket/ Coat					
Skirts(girls only)					
Dresses(girls only)					
Shoes					
Sandals					
Boots					
Hats					
Gloves					
Belt(s)					
Luggage, tote, duffel bag, etc.					
Other:					
Other:					
Other:					

Therapeutic Support Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_