



Proof of Initial Appointments

ALL INITIAL APPOINTMENTS MUST BE SCHEDULED WITHIN 10 DAYS OF PLACEMENT DATE
ALL REQUIRED INITIAL EXAMS MUST BE COMPLETED WITHIN 30 DAYS OF PLACEMENT DATE

Medical Exam: Please use the Benchmark Medical Cover Page with the State EPSDT Form (Required for ALL)

Optical Exam: Please use Benchmark Optical Exam Form (Required for Children 3 yrs. or Older)

Dental Exam: Please use Benchmark Dental Exam Form (Required for Children 2 yrs. or Older)

**A Benchmark TSS will provide the required forms for you to have the doctor complete at the time of each exam for each child.*

Child's Name	Date of Birth	Placement Date	Medicaid Number

This appointment is for:

	<u>Date Contacted</u>	<u>Provider</u>	<u>Date/Time of Appt.</u>
<input type="checkbox"/> Medical	_____	_____	_____
<input type="checkbox"/> Dental	_____	_____	_____
<input type="checkbox"/> Optical	_____	_____	_____
<input type="checkbox"/> Psychiatric	_____	_____	_____
<input type="checkbox"/> Medication Review	_____	_____	_____
<input type="checkbox"/> Therapy	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

NOTES: _____

*This form serves as proof that the initial appointments were made and the exams are completed in a timely manner. This form is kept on file for each child that was placed in your care, please be sure to give this form to your Benchmark TSS.

Foster Parent Signature	Date