

# DISCHARGE/TRANSFER INFORMATION FROM FOSTER PARENTS

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Date Admission: \_\_\_\_\_ Date Discharge: \_\_\_\_\_  
 Social Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Emergency Foster Home: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Destination: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Medi-Cal Card Sent: Yes  No   
 Immunization Card Sent: Yes  No

I. Medical Information:  
 (a) Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (b) Address: \_\_\_\_\_  
 (c) Follow-up Appointments: \_\_\_\_\_  
 (d) Present Medications: \_\_\_\_\_  
 (e) Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (f) Address: \_\_\_\_\_  
 (g) Therapist: \_\_\_\_\_ Phone #: \_\_\_\_\_

II. School Information:  
 (a) Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_  
 (b) Special School Services: \_\_\_\_\_

III. Special Services While Child Is In Your Home:  
 (a) Easter Seals: Yes  No   
 (b) North Bay Regional Center: Yes  No   
 (c) Selpa: Yes  No

IV. Diet:  
 (a) Likes: \_\_\_\_\_  
 (b) Dislikes: \_\_\_\_\_

V. Sleeping Habits:  
 (a) Naptime: \_\_\_\_\_  
 (b) Bedtime: \_\_\_\_\_  
 (c) Time Awakens in A.M.: \_\_\_\_\_  
 (d) What Comforts Child: \_\_\_\_\_  
 (e) Back to Sleep: \_\_\_\_\_

VI. Visits With Family:  
 \_\_\_\_\_  
 \_\_\_\_\_

VII. Other Information:  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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