

FOSTER HOPE SACRAMENTO FOSTER CHILD FACESHEET

NAME: _____ DATE OF PLACEMENT: _____

GENDER: M/F D.O.B.: _____ ETHNICITY: _____

FOSTER FAMILY: _____ PHONE: _____

S.F.H.C SOCIAL WORKER: _____ PHONE: _____

COUNTY WORKER: _____ PHONE: _____

CURRENT PLAN: Reunification / Court Investigation / Long-Term / Adoption / Unknown / Other



SCHOOL: _____ GRADE: _____ CLASS: Regular / Special Ed

TEACHER/COUNSELOR: _____ PHONE: _____

SCHOOL DISTRICT: _____ DATE OF LAST IEP: _____

FOSTER YOUTH SVCS CONTACT: _____ PHONE: _____



MEDI-CAL #: _____ VOC # (if available): _____

DOCTOR / PLAN: _____ PHONE: _____

DENTIST / PLAN: _____ PHONE: _____

THERAPIST / AGENCY: _____ PHONE: _____

ATTORNEY / CASA: _____ PHONE: _____



MOTHER: _____ ADDRESS: _____ PHONE: _____

FATHER: _____ ADDRESS: _____ PHONE: _____

SIBLINGS:

1. _____ DOB: _____ HOME: _____ PHONE: _____

2. _____ DOB: _____ HOME: _____ PHONE: _____

3. _____ DOB: _____ HOME: _____ PHONE: _____

Special notes/Visitation Order/Other Adults: _____

Make hand-written changes as needed / return updated copy to FOSTERHOPE SACRAMENTO