



# FAITH & FAMILIES

A BIBLICAL MODEL FOR FOSTER CARE AND ADOPTION

## Information to be Shared with Short-Term Care Provider

*Please note: a foster parent may independently select an adult to provide short-term care or supervision that is not routine. "Short-term" means a time period that does not exceed 24 hours in a nonemergency and does not exceed 72 hours in an emergency. Approval from the DCS caseworker is required before exceeding these time frames.*

Name of Child: \_\_\_\_\_ D.O.B. : \_\_\_\_\_ Age: \_\_\_\_\_  
(for additional children, please use supplemental form)

Behavioral health needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicinal information and instructions: \_\_\_\_\_  
\_\_\_\_\_

Physical condition needs: \_\_\_\_\_  
\_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_

### Emergency contact information:

Foster Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

DCS Caseworker's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Licensing Worker's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Phone: \_\_\_\_\_