

Fremont County Department of Human Services
Kinship/Foster/Adoptive Program

Fremont County Monthly Foster Care Report

Name of Child: _____
Caseworker: _____
For month and year: _____

Describe the child's strengths:

Describe the behavioral areas/developmental milestones of concern that require your attention and correction. Also, identify progress in behaviors/ developmental milestones and interventions/techniques you are utilizing.

Date of most recent ECHO screening (if applicable): _____

Describe the child's typical social interaction (i.e. problem solving, social skills, coping methods, playing with other children in the home): Give examples of recent events to support your comments:

Please list the most current report concerning grades. If available please attach the current grade report.

Is the child working a grade level? _____

Describe the communications you have had with either teachers or administrators since the previous report. (i.e. homework, socialization in class, class participation, disruptions, suspensions)

Have there been any behaviors reported at school or that you have had to address with school staff?

If the child is involved in therapy, please list the name of the therapist: _____

Does the child see a psychiatrist for medication evaluation? _____ if yes, name: _____

What are the medications and the dosages?

Have there been any changes in medications since the previous report? _____

Please describe those changes, either in medication or dosage.

Describe the family involvement, including behaviors displayed by the child before, during, or after the visits.

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Other behaviors/concerns not previously addressed: _____

Family Visits/Contacts:

Does the child have regular contact/visits with family members? _____

If yes, fill in the following:

Date and Time	Location	Type of contact	With Whom

If applicable, has the child met probation conditions? _____

If not, please explain what conditions need to be met and the plan to complete the stipulations.

Employment (if applicable)

Where is the child employed? _____

What is average number of hours worked weekly? _____

What percentage of earnings is committed to savings? _____

What is the amount in savings? _____

Please list concerns you have regarding the job.

Other appointments (visits by caseworkers, GAL's, therapy appts, etc)

Date	Contact	Reason for appt.	Appt kept or cancelled	If cancelled, why and by whom

Additional Important Dates:

Most recent: Physical Exam: _____ Dental Exam: _____ Eye Exam: _____

Birth control method (if applicable): _____ Date last administered? _____ Next Appt: _____

Date of most recent doctor's visit: _____ Treated for? _____

Next scheduled medical appointment? _____

Signature of foster parent making report: _____	Date of Report: _____
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\$\$ FREMONT COUNTY FINANCIAL REPORT \$\$

Child's Name:
Home:
Period of Statement:

Clothing	Date	Amount	Description	Child and Parent Init.			
Balance from previous month							
Clothing Total							
Allowance							
Allowance Total							
Other							
Other Total							
Savings		Date	Amount	Child & Parent Initials	Restitution/Damages	Amount	Child & Parent Initials
Balance from previous month					Paid this month		
Deposits					Amount owed		
					Description		
Withdrawals							
Savings Balance							

This report accurately reflects money transactions by (or on the behalf of) the above child during the indicated time period.

Signature of parent making report _____

Date _____

Signature of child _____

Date _____