

HOUSE OF NEW HOPE
FOSTER PARENT MONTHLY
DOCUMENTATION OF TREATMENT

Child's Name: _____ **D.O.B.** _____

Date of Placement: _____ **Custodial County:** _____

Month/Year Covered: _____ **HONH Clinician:** _____

I. VISITATION

A. How many family visits were scheduled this month? _____

B. Did child attend all scheduled visits? Yes No If no, explain why not:

C. Did family members attend all visits? Yes No

D. What family members were to attend visit? mother; father;

grandmother; other: _____

E. Were any visits scheduled overnight? Yes No If yes, how many? _____

E. What was child's reaction to the visits?

II. COUNTY INVOLVMENT

A. Did County Caseworker visit your home this month? Yes No

B. Note any meetings attended (e.g. SARs, etc.): None Other:

III. SCHOOL ATTENDANCE

A. Did youth attend all required days of school? Yes No

B. If not, how many days were missed? _____ Reason for missing school:

C. Note any school meetings attended, i.e. IEPs, teacher conferences, etc. :

IV. RESPITE

A. Did youth spend any overnight days in respite care? Yes No

If yes, how many days was youth in respite? _____

Where did youth stay? _____

V. MEDICAL

A. Date of Last Physical Exam: _____

B. Date of Last Optical Exam: _____

C. Date of Last Dental Exam: _____

D. Give dates of any additional medical appointments and reason:

E. Describe any outstanding or unresolved medical concerns: None Other:

VI. MENTAL HEALTH SERVICES

A. List number of counseling visits scheduled this month: _____ N/A

B. Did youth attend all scheduled visits? Yes No

If no, why not? _____

C. Note dates of any psychiatric appointments: _____

D. Name and dosage of medication youth is taking: _____

E. Where there any changes in medication this month? Yes No

If yes, what and why? _____

VII. Describe the progress toward completion of ISP goals during this month:

Social/Recreational

1. Adjustment to foster home (include interaction with siblings and peers):

2. Describe community activities youth has participated in:

Educational

3. Adjustment in school and/or job (include any suspensions, expulsions and/or other disciplinary actions taken); if youth is not enrolled, note plan to address:

Safety

4. Note type and number of any Critical Incidents, i.e. AWOLs, psychiatric emergencies, legal/criminal involvement, self-injurious behavior, etc.: None

Other: _____

Emotional/Mental Health

5. Additional comments, include progress on any ISP goals not reflected above:

CHECK ALL THAT APPLY:

- ALLOWANCE LOG ATTACHED;
- MEDICATION LOG IF APPLICABLE
- CLOTHING INVENTORY IF APPLICABLE
- MEDICAL FORMS SENT
- SCHOOL INFORMATION ATTACHED

Foster Caregiver Signature

Date

Foster Caregiver Signature

Date