

**House of New Hope
PLACEMENT CHECKLIST**

Note: HONH’s Placement Department shared everything this agency knew about the child/youth listed below prior to you agreeing to take this child/youth into your home as a placement. As you were informed, information about the client is usually incomplete at admission and will surface over time. In addition, depending upon the client’s custodial county, some of the required consents and important documents will take time to obtain. We will do everything in our power to get these documents into the child’s record. HONH appreciates your patience and understanding.

Case Name: _____ **D.O.B.** _____

Date of Placement: _____ **Custodial Agency** _____

County Caseworker: _____

Caseworker Contact #: _____ **Caseworker Fax #:** _____

Date	Document
	Childcare Agreement
	Agency signed Consent for Emergency and Routine Medical Treatment
	Agency signed Consents for Mental Health Services
	Clothing Inventory Completed
	House Rules Posted and New Admission Orientation Completed
	Medication (if prescribed)
	School Enrollment
	Medicaid Card
	Physical Exam Completed and given to Clinician (30 day limit)
	Dental Exam Completed and given to Clinician (90 day limit)
	Vision Exam Completed and given to Clinician (90 day limit)
	Hearing Exam Completed if child complains of hearing problem.

Visitation Plans:

When are visits scheduled: _____

Visits with whom (name & relationship): _____

Location: _____

Contact Restrictions: _____

Religion: _____

Dietary Issues: _____

Medical Issues: _____

Safety Plan:

House of New Hope Clinician: _____