  
**FOSTER HOME MONTHLY REPORT**

Client Name       Month/Year      

Foster Home                               CM/CS                     

# BIOLOGICAL/ADOPTIVE FAMILY VISITS

|  |  |  |
| --- | --- | --- |
| Date of Visit | Name of Family Member(s) Visited | Client Reaction to the Visit (behavior and verbalizations) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# RESPITE DAYS USED

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) of Respite | Name of Respite Provider | Licensed  Home? | Client Reaction to Respite (behavior and verbalizations) |
|  |  |  |  |
|  |  |  |  |

# ALTERNATIVE CAREGIVER TIME USED

|  |  |  |  |
| --- | --- | --- | --- |
| Date Alternative  Caregiver Used | Number of Hours | Name of Alternative Caregiver | Client Reaction to Alternative Care (behavior and verbalizations) |
|  |  |  |  |
|  |  |  |  |

LOG OF MEDICAL, DENTAL, OPTICAL, AND PSYCHOLOGICAL SERVICES o COLLECT MED LOG  
**\*TURN IN COMPLETED MEDICATION LOGS IF YOUTH IS ON MEDS AND APPOINTMENT FORMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICE  DATE | SERVICE  TYPE | PROVIDER  NAME | SUMMARY OF SERVICES  PROVIDED & FOLLOW-UP PLAN | SERVICE  VERIFICATION  OBTAINED |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# CLOTHING LOG *(Note: $50 a month per child minimum must be documented and is able to be transferred over from previous purchases, receipts are required.)*

|  |  |  |
| --- | --- | --- |
| CLOTHING ITEMS PURCHASED | DATE RECEIVED | PRICE |
|  |  |  |
|  |  |  |
|  |  |  |

Describe the activity that has occurred this month on the youth’s Life Book.

                                                                                                                                                                                                                                                                         

**FOSTER HOME REVIEW:**

Note any of the following occurrences since the last foster home report:

Birth of a child Yes No

Death of a household member Yes No

Addition of a household member Yes No

Loss of a household member Yes No

Relocation of family (move) Yes No

Financial hardship or significant loss of income to household Yes No

Change in Marital Status Yes No

Significant change in the health of a household member Yes No

Criminal charge, arrest or conviction of a household member Yes No

Child residing in the home turned 18 Yes No

If yes to any of the above, describe the impact on the foster household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date foster parent notified the Isaiah’s Place Licensing Staff:\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENTS:**

We acknowledge that the above information above is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent Signature Date Foster Parent Signature Date