

## **INSTRUCTIONS CFS-365**

**WHEN COMPLETED:** At placement, when a child is placed into foster care or adoptive home.

**WHO COMPLETES:** The worker who places the child with a foster care provider or adoptive home. (The placing worker should be sure all forms are completed, by the initiating worker if other than the placing worker, at the time that the child is transferred for placement.)

This form is **REQUIRED EVERY** time a child is placed in foster care or adoptive placement and **EVERY** time a child is re-placed from one foster care placement to another.

### **RECEIPT FOR MEDICAL PASSPORT**

The foster care provider is:

a foster parent, an adoptive parent (while the Division still has custody), or the director (or designee) of the group home or institution.

Identify the facility if the provider is other than a foster care home.

An individual who is 18 years or older and is competent to sign his/her own consents, or an individual who is in an independent-living status, may be given his/her own Medical Passport and may sign the receipt. Indicate that the individual signed for him/herself in the space designated "Group Home/Institution".

### **VERIFICATION**

Complete this section **ONLY IF** at the time of replace the existing Medi-Alert (CFS-365) is current and complete. If any information must be added or revised, a new Medi-Alert **MUST** be completed.

### **RETURN OF MEDICAL PASSPORT FROM FOSTER CARE PROVIDER**

The worker, upon removing a child from a placement and receiving the Medical Passport, shall sign and date the provider's copy of this form and return it to the provider. The worker shall update the record copy.