

INSTRUCTIONS
CFS-362
MEDI-ALERT TO FOSTER CARE PROVIDER

PURPOSE:

The Medi-Alert to Foster Care Provider (CFS-362) is designed to provide foster parents with medical, physical, personal, educational, behavioral, mental health and other health related information about the foster child placed in their home.

NOTE: The Family Service Worker will complete the CFS-362.

COMPLETION:

1. SECTION I. A. Insert the physician's name, address, specialty and phone number.
2. SECTION I. B. Insert the name, address, relationship and the phone number of the child's parent/caretaker.
3. SECTION I. 1. through 8. Insert the child's name, social security number, date of birth, sex, case number, name of the Family Service Worker, the FSW's phone number and the date.
4. SECTION II. A. through D. Insert the date of the placement or movement, type of placement, whether or not the health report is attached to the CFS-362 or exam has not been done and the reason for the placement.
5. SECTION III. A. and B. Check all of the physical, mental health and behavioral problems that apply to the foster child.
6. SECTION IV. Insert information about any medication the foster child may be taking, to include the:
 - Name of the medication and its purpose,
 - Dosage and frequency,
 - Start and stop dates,
 - Name and location of the prescribing physician.
7. SECTION V. Check all of the allergies and adverse reactions that apply to the foster child.
8. SECTION VI. Check all of the special needs that apply to the foster child.
9. SECTION VII. Check all the personal hygiene tasks the child can do him/her self.
10. SECTION VIII. Check any fears or phobias the child has.
11. SECTION IX. Insert the name and address of the child's school, insert the grade level, check the type of class and insert the teacher's name.
12. SECTION X. Check all of the habitual behaviors that relates to the foster child. Also list any hospitalizations, diagnoses and surgical dates.
13. SECTION XI. A. Check whether or not the child's immunization record was given to the foster care provider or if the record is not available.
14. SECTION XI. B. Check whether the child's mother, father or someone else provided the information needed to complete the CFS-362.
15. SECTION XII. Insert any pertinent comments to include an estimate of the child's length of stay.
16. SIGNATURES:
 - The foster care provider will sign and date the CFS-362 to indicate that he/she received a copy of the form at placement,
 - The Family Service Worker will sign and date the CFS-362 to indicate that he/she provided the foster care provider with a copy of the form at placement.

ROUTING:

1. One copy of the completed CFS-362 will be given to the foster care provider at placement.
2. Original is retained by the FSW for the child's DCFS record.

