Foster Parent Resource
Question Checklist

Foster Families
Navigation & Resource Center

Use this checklist to ask your caseworker about the resources and supports available to you. Bring it to placement meetings and case reviews, and check items off as you go.

Local Resources

- ☐ Clothing: _____
- ☐ WIC: _____
- ☐ Day Care Assistance: _____
- ☐ Foster Care Navigator: _____

Financial & Material Support

- ☐ What is the monthly foster care reimbursement rate for this child's age group, and when can I expect the first payment?
- ☐ Are there additional clothing or initial placement allowances available?
- ☐ Is there mileage reimbursement for transporting the child to visits, school or medical appointments? If so, what forms need to be filled out and by when?
- ☐ Are there special funds available for extracurriculars, sports, camps, tutoring, etc? If so, are there forms needed and when do they need to be filled out by?

Medical, Dental & Behavioral Health

- ☐ Does the child have any upcoming medial appointments?
  - ☐ Does the child have an established provider or do we need to find one?
  - ☐ Who schedules the initial health and dental exams, and within what timeframe?
  - ☐ Schedule medical, if needed - *initial placement within 30 days*
  - ☐ Schedule dental, if needed - *initial placement within 90 days*
- ☐ Is the child taking any medication?
  - ☐ If yes, what are they?
  - ☐ If the child needs medication, what is my role vs. yours in authorizing and monitoring it?

Medical, Dental & Behavioral Health Cont.

- ☐ Does the child need therapies?
  - ☐ Early On
  - ☐ Behavioral Health
  - ☐ PT, OT, Speech?
  - ☐ ABA
- ☐ Does the child qualify for trauma assessment?
- ☐ Who handles behavioral health referrals (therapy, psychiatry)?
- ☐ Does the child have IEP or 504?
- ☐ Are their crisis lines or emergency behavioral supports I should know about? If so, what is the after hours protocol and phone number?

Education & School Supports

- ☐ Do school records need to be transferred & what forms need to be filled out?
- ☐ Are tutoring or educational support services available, and how do I request them?
- ☐ If addtional help is needed, see if there are services available from thearc.org Michigan.

Visitation & Family Connections

- ☐ What is the current visitation plan with the biological family, and who supervises it?
- ☐ Am I expected to transport the child to visits, or will the agency arrange transportation?
- ☐ Are sibling visits part of the plan, and how often should I expect those to happen?
- ☐ What is my role in communicating with the biological parents (sharing updates, school info, medical)?
- ☐ Parenting Time Schedule:
  - ☐ Times: _____
  - ☐ Dates: _____
  - ☐ Drop off & Pick Up Location: _____

Legal, Court & Case Planning

- ☐ Reach out to LGAL & schedule initial visit - *should see child within reporting window. Court date - Court date.*
- ☐ When are the next court dates and am I expected to attend?
  - ☐ Hearing Date: _____
  - ☐ Hearing Location: _____
  - ☐ Hearing Format: _____

Legal, Court & Case Planning Cont.

- ☐ Who else is on the child's case team (GAL, CASA, therapists, etc.), and how do I reach them?
- ☐ What decisions can I make under the "reasonable and prudent parent standard" without needing permission?

Licensing: Training & Support for Me

- ☐ Are there support groups, either in-person or virtual, that you recommend?
- ☐ What respite care options are available if I need a break or emergency coverage? What is the process & what forms are needed?
- ☐ Is there a foster care navigator I can be connected with?

Emergency & After Hours

- ☐ Who do I call after hours or on weekends if there is a crisis?
- ☐ What situations require immediate reporting. and how do I document them?
- ☐ If I can't reach you, is there an agency hotline or back up worker?

Quick Reference

Foster Families
Navigation & Resource Center

Local Resources

- ☐ **Clothing:** _____
- ☐ **WIC:** _____
- ☐ **Day Care Assistance:** _____
- ☐ **Foster Care Navigator:** _____

Medical, Dental & Behavioral Health

- ☐ **Primary Care** _____
- ☐ **Dentist** _____
- ☐ **Therapy(ies)** _____

_____

_____

- ☐ **Medications:** _____

  Name & Dose _____

  _____

  _____

  _____

Visitation & Family Connections

- ☐ **Parenting Time Schedule:**
  - ☐ Times: _____
  - ☐ Dates: _____
  - ☐ Drop off & Pick Up Location: _____
- ☐ **Sibling Visit Schedule:**
  - ☐ Times: _____
  - ☐ Dates: _____
  - ☐ Drop off & Pick Up Location: _____

Legal, Court & Case Planning

- ☐ **Hearing**
  - ☐ Hearing Date: _____
  - ☐ Hearing Location: _____
  - ☐ Hearing Format: _____

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Child's Case Team - Name, Title, Contact Info

Other Important Info