

Leigh

SHELTER/FOSTER PLACEMENT INFORMATION FORM

(Part III of Case Plan)

Child's Name: <i>Leigh BIERLY</i>	Date of Removal: <i>3 Oct 00</i>
DOB: <i>13 JUN 98</i>	Client #: <i>Case # 950575 040434225</i>
Reason for Removal: <i>we were staying at the crystal Inn 65.00 a night</i>	
<i>Sibling @ Risk - AG's order (Medical Neglect of 2 yr old brother) MO's transient (Independent circumstances)</i>	
Has child been in foster care before (Check USSDS)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>UNO</i> If yes, complete Out-of-Home Red Flag Notice	

see back of paper

my father was paying for it he gave me money each month so that I could get my books

EDUCATIONAL INFORMATION

Name & Address of School/Preschool/Day Care Provider: <i>2 yr old</i>	Problems Noted/Special Services Provided:
Grade: _____ Teacher: _____	
District Liaison Contacted:	Date: _____ Initials: _____
Name of Person to Attend:	

MEDICAL INFORMATION

Type of Medical Coverage: <input type="checkbox"/> Medicaid <input type="checkbox"/> FHP <input type="checkbox"/> Other	Policy ID #:
Name and Address of Medical Provider/Pediatrician (What doctors has your child seen within the last two years): <i>Steven Allen, M.D. Westridge Center 3730 West 4700 So. 964-2300 WV City, UT</i>	
Name and Address of Dentist (What dentist has your child seen within the last two years): <i>UNK</i>	
Name and Address of Pharmacy (What pharmacy have you used for your child during the last two years): <i>UNK</i>	

Approximate Date Last Seen: <i>UNK</i>	
Provider Contacted for Information:	Date: _____ Initials: _____
Name and Address of Other Medical/Mental Health Providers:	
	Type of Provider: _____ Date Seen: _____
	Type of Provider: _____ Date Seen: _____
	Type of Provider: _____ Date Seen: _____