



FOSTER HOME MONTHLY REPORT

Client Name _____ Month/Year _____

Foster Home _____ TC _____

BIOLOGICAL/ADOPTIVE FAMILY VISITS

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

Comments: _____

DAYS OUT OF SCHOOL

Date(s) Missed	Reason Client Missed School (Illness, Suspension, Truancy, Scheduled Day Off of School, etc.)

RESPIRE 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

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

ALLOWANCE LOG

DATE	AMOUNT GIVEN TO CLIENT	IDENTIFY ALTERNATIVE PLAN (Savings, Hobby, Outing, etc.)	AMOUNT TO ALTERNATIVE PLAN	CLIENT SIGNATURE

CLOTHING LOG

CLOTHING ITEMS PURCHASED	DATE RECEIVED	PRICE	CLIENT SIGNATURE

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

FOSTER PARENT SUMMARY:

Please give a brief summary of the youth's mood, behavior, successes and/or concerns and progress for each week. Note any unusual or significant events or behavior changes, such as sleep and/or eating concerns, emotional outbursts, illness, etc. Please note any other pertinent information. (Continue on back as needed.)

Week #1 (week of _____ to _____):

Week #2 (week of _____ to _____):

Week #3 (week of _____ to _____):

Week #4 (week of _____ to _____):

Week #5 (week of _____ to _____):

Other

Comments:

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 regional licensing staff and regional manager: _____

ACKNOWLEDGEMENTS:

We acknowledge that the above information above is correct.

_____ Foster Parent Signature	_____ Date
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_____ Foster Parent Signature	_____ Date
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_____ TC Signature	_____ Date
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*****TURN IN COMPLETED MEDICATION LOGS IF YOUTH IS ON MEDS*****