### **Placement Checklist**

**Use of form:** This form establishes guidelines to ensure that all required paperwork is completed upon the placement of a child.

**Instructions:** Document that all the paperwork has been provided to the placement resource by completing the top section of the form, including the date the material was provided. Have the placement resource verify receipt of the material by signing the form. If the child is moving from one placement to another and the provider has not been given or cannot provide the original placement packet, a new one should be provided. The original packet should be updated whenever a child moves placement.

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| --- | --- | --- | --- | --- | --- | --- |
| Child Welfare Professional Name | | | | | | |
| Placement Provider Name | | | | | | |
| Child Name | | | | | | |
| Child Date of Birth | | | Date Materials Provided | | | |
| 1. | | DCF-F-CFS0872A-E – Information for Out-Of-Home Care Providers – Part A | | | | |
| 2. | | Child Information for Medical Coverage as a Foster Child letter to medical providers | | | | |
| 3. | | DCF-F-2503 Authorization to Consent to Medical Treatment (regular foster care) | | | | |
| 4. | | DCF-F-5190-E – Verification of Out-of-Home Placement for Wisconsin Shares Eligibility | | | | |
| 5. | | DCF-F-CFS2186 Notice to Foster Parents Regarding Confidentiality of Records | | | | |
| 6. | | Child Advocacy Center Brochure | | | | |
| 7. | | QR Code for Foster Parent Resource Site | | | | |
|  |  | | |  |  |  |
|  | **SIGNATURE** – Child Welfare Professional | | |  | Date Signed |  |
|  |  | | |  |  |  |
|  | **SIGNATURE** – Out-of-Home Care Provider | | |  | Date Signed |  |