

(FP) Client Weekly Log

Name of Client: _____

Name of Foster Home: _____

| Activities for the week of: (MM/DD/YY) FROM: _____ TO: _____ <i>(Weeks run from Sun – Saturday. If this Client entered or exited your home this week, use the exit or entry date as the appropriate from or to dates)</i> | | |
|---|---|---|
| MEDICAL OR COUNSELING ACTIVITIES | FC, ADOPTION, OR REUNIFICATION ACTIVITIES | COURT, SCHOOL, OR OTHER TX ACTIVITIES |
| <input type="checkbox"/> Yearly EPSD&T <input type="checkbox"/> Dental Appointment <input type="checkbox"/> Vision Appointment <input type="checkbox"/> Hearing Appointment <input type="checkbox"/> Medical Specialist Appointment <input type="checkbox"/> Psychiatric Medication Appointment <input type="checkbox"/> Therapy/Counseling (Outpatient) <input type="checkbox"/> Therapy/Counseling (In-Home) <input type="checkbox"/> Walk-In Clinic/Sick Visit <input type="checkbox"/> ER/Urgent Care (Not admitted) <input type="checkbox"/> Hospital Admission (Psychiatric) <input type="checkbox"/> Hospital Admission (Medical) <input type="checkbox"/> OTHER (Details Below) <input type="checkbox"/> NO MED, COUNSELING, or PSYCH ACTIVITIES | <input type="checkbox"/> Entered Home: <i>(Home Orientation & Clothing Inventory Completed)</i> <input type="checkbox"/> Exited Home <input type="checkbox"/> Went On Respite <input type="checkbox"/> Ran/AWOL <input type="checkbox"/> Family Visitation (Unsupervised) <input type="checkbox"/> Family Visitation (Supervised) <input type="checkbox"/> Overnight Home Pass <input type="checkbox"/> Adoption/Pre-Adoption Related Visit <input type="checkbox"/> OTHER (Details Below) <input type="checkbox"/> NO FH OR REUNIFICATION RELATED ACTIVITIES | <input type="checkbox"/> Centerstone CM Visit <input type="checkbox"/> Centerstone Tx Plan Meeting <input type="checkbox"/> Visit with DCS Worker <input type="checkbox"/> Child and Family Team Meeting <input type="checkbox"/> Court Appearance <input type="checkbox"/> School Related Meeting/Activity <input type="checkbox"/> Court <input type="checkbox"/> OTHER (Details Below) <input type="checkbox"/> NO COURT, SCHOOL, CM OR DCS ACTIVITIES |
| Give DETAILS and DATES for any items selected above | | |
| | | |

FOR MEDICAL/COUNSELING ACTIVITIES: Make sure you give the **HEALTH CARE CONFIRMATION FORM** to your Case Manager!

Foster Parent Signature:

