**Date Form Completed:** **Foster/Adopt Family:**

**Child’s Name:** **Case Manager:**

**For clothing recommendations, please note that discretion may be used for child’s preferences and seasonal items.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Boys Clothing List | **# Items Recommended** | **# Items Child Brought Into Care** | **Current Items**  **New Used** | |
| Briefs | 8 |  |  |  |
| Socks | 8 |  |  |  |
| Pajamas | 2 |  |  |  |
| T-shirts | 8 |  |  |  |
| Casual shirts | 4 |  |  |  |
| Dress shirts | 2 |  |  |  |
| Sweater | 2 |  |  |  |
| Shorts | 3 |  |  |  |
| Jeans | 4 |  |  |  |
| Dress Slacks | 1 |  |  |  |
| Belt | 1 |  |  |  |
| Tennis Shoes | 1 |  |  |  |
| Casual Shoes | 1 |  |  |  |
| Dress Shoes | 1 |  |  |  |
| Sandals | 1 |  |  |  |
| Boots | 1 |  |  |  |
| Swim Suit | 1 |  |  |  |
| Coat | 1 |  |  |  |
| Jacket | 1 |  |  |  |
| Hat/Gloves | 1 |  |  |  |
| GIFTS/PERSONAL POSSESSIONS (electronics, books, movies, CDs, toys, money/gift cards, etc) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sent with child at discharge:** | **Yes** | **No** |  |  |
| Educational Portfolio |  |  |  |  |
| - School Withdrawal forms |  |  |  |  |
| Medications |  |  |  |  |
| Medical equipment/ Items purchased with Medicaid or other benefits |  |  |  |  |
| Personal Documents (16 and older) |  |  |  |  |
| Medicaid Card |  |  |  |  |
| If no, explain: | | | | |

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Child’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CK Case Manager Signature Date