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

**Child’s Name**  **Case Manager Initials**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Infant/Toddler Clothing List | **# Items Recommended** | **# Items Child Brought Into Care** | **Current Items****New Used** |
| Bottles | 5 |  |  |  |
| Pacifiers | 2 |  |  |  |
| Receiving Blankets | 3 |  |  |  |
| Onesies | 5 |  |  |  |
| Pajamas | 2 |  |  |  |
| Socks | 8 |  |  |  |
| Tops/shirts | 6 |  |  |  |
| Sweater | 2 |  |  |  |
| Shorts | 3 |  |  |  |
| Pants/jeans | 6 |  |  |  |
| Dress outfits | 1 |  |  |  |
| Casual/dress shoes | 1 |  |  |  |
| Tennis shoes | 1 |  |  |  |
| Boots | 1 |  |  |  |
| Swimsuit | 1 |  |  |  |
| Coat | 1 |  |  |  |
| Jacket | 1 |  |  |  |
| Hat/gloves | 1 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| GIFTS/PERSONAL POSSESSIONS (toys, stuffed animals, CDs, electronics, etc) |  |  |  |  |
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|  |  |  |  |  |
| **Sent with child at discharge:** |  |  |  |  |
| Medications |  |  |  |  |
| Medical equipment/ Items purchased with Medicaid or other benefits |  |  |  |  |
| Medicaid Card |  |  |  |  |
| If no, explain: |

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Foster Parent Signature Date

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

CK Case Manager Signature Date