

Alternative Care: Verification of Receipt of Documents & Information Instructions:

PURPOSE:

The Verification of Receipt of Documents & Information is a form that describes, and provides links to, each document required to be provided to various parties of the case. There is a place for the recipient of the document to initial and date they had received the listed document or information. This form can be used throughout the life of the case when there are changes to the parties involved.

OF COPIES AND DISTRIBUTION:

This form is to be retained with the case file, but can be used as a working document to obtain signatures from parties to the case when documents are provided. All documents & information provided to the family should be noted in FACES as a contact, and any signed documents should be uploaded to OnBase as they are obtained by the worker, as well as obtained in the physical case file.

INSTRUCTIONS FOR COMPLETION:

General:

All documents and information provided to the parties of the case should be recorded on the form by an initial and date of the individual. There are separate sections for Parent, Caretaker, Guardian; Relative Placement Provider; Foster Placement Providers; and Older Youth

Specific:

Parent, Caregiver, Guardian(s)

Case #: Enter the case number for the case

Case Name: Enter the case name

Case Open Date: The date the child entered out-of-home placement

P/C/G Name: Enter the names of those Parents, Guardians, Caretakers. The worker can print additional sheets if needed.

Forms: All forms that are to be provided to family are listed, with a hyperlink to allow the worker to bring up the individual form in order to print and provide to the family, or have them digitally sign and email to the P/C/G. There is a link to the instructions if they are available, as well as the timeframe the form is to be provided. The individual is to initial and date that it has been received.

For Parent, Caregiver and Guardian(s): Information to be discussed: The worker is to clearly discuss and explain with the family the following items:

- ASFA
- Immunizations
- Psychotropic Medications/Care

Relative Placement Providers & Foster Placement Providers

Case #: Enter the case number for the case

Case Name: Enter the case name

Case Open Date: The date the child entered out-of-home placement

Relative Placement Name: Enter the names of those Relative Placement Providers. The worker can print additional sheets if needed.

Date of Placement: Enter the date of placement with this provider

Placement for child(ren)'s name(s): Enter the children placed with this provider

Forms: All forms that are to be provided to relative provider are listed, with a hyperlink to allow the worker to bring up the individual form in order to print and provide to the provider, or have them digitally sign and email to the provider. There is a link to the instructions if they are available, as well as the timeframe the form is to be provided. The individual is to initial and date that it has been received.

Older Youth

Case #: Enter the case number for the case

Case Name: Enter the case name

Case Open Date: The date the child entered out-of-home placement

Older Youth Name, Date OY turned 14: Enter the older youth's name and date they turned 14, there is a checkbox if the child entered at age 14 or older

Forms: All forms that are to be provided the Older Youth are listed, with a hyperlink to allow the worker to bring up the individual form in order to print and provide to the OY, or have them digitally sign and email to the OY. There is a link to the instructions if they are available, as well as the timeframe the form is to be provided. The individual is to initial and date that it has been received.