

Medical, Dental, and Medication Record

Child's Name _____

Emergency Contact Name _____

Birth Date _____

Address _____

Medical Plan _____

Phone _____

Medicaid Number _____

Alternate Phone _____

Date	Nature of Visit	Attending Physician	Prescribed Medication	Diagnosis/Recommendations/Notes

For each visit to a physician, health center or dentist, enter date (month/day/year), complete name of the provider, prescribed medications, what was done, and recommendations. All evasive treatment must be prior approved by the guardian.

This form is to be given to the child's placement worker when requested and/or when the child leaves the foster home.

Name: _____ Date: _____						
Known allergies: _____						
Name of Medication	Date Started	Dosage, Dosage Times	Refill Number	Pharmacy Phone Number	Physician Name and Phone Number	Comments

All medication and/or dosage changes must be approved by the guardian.

Clothing Inventory Form

Childs Name: _____

Date: _____

Clothing Request **Clothing Inventory at Discharge**

For clothing requests, complete the clothing request type and item inventory below.

The clothing request type can be skipped for discharge inventories, only the item inventory section is required.

Clothing Request Type (**select one**):

- EMERGENCY CLOTHING REQUEST:** If it is found that clothing is inadequate within the first 30 days of the Emergency placement. OCS will request special needs funds.
 - EXTRAORDINARY CLOTHING REQUEST:** Extraordinary clothing includes clothing attire needed due to unusual circumstances. Examples of extraordinary matters include medically fragile, rapid weight gain or loss, seasonal clothing needs or damaged clothing due to flood/fire.
- Once it is determined that the child has an adequate supply of clothing upon placement, routine replacement of clothing is the responsibility of the out-of-home care provider.
 - **10% of the monthly foster care reimbursement is to be used for clothing.**
 - The Clothing Inventory must be completed and returned to the Protective Services Specialist (child's caseworker) when the child leaves care.
 - Clothing is the property of the child and must follow them to their next placement.

Item(s)	What clothing does the child have? <i>(Describe below upon Request or Discharge)</i>	What clothing is needed? <i>(For a request to purchase clothing)</i>	Total Amount Requested:
Pants			
Shirts			
Underwear (bras, socks, panties, briefs)			
Shoes			
Seasonal gear			
TOTAL REQUESTED:			

If you have any questions about the clothing requests or how to complete the form please email hss.ocsservicearray@alaska.gov or call the **Special Needs Hotline at 1-855-60-FUNDS.**