



Foster Parent Monthly Checklist

(Complete monthly and submit by noon on the 3rd business day following end of month)

Foster Parent(s) Name: \_\_\_\_\_ Month Completed: \_\_\_\_\_

For any 'yes' answer, an explanation is required (please use the back of the form if you need more room)

General Information for the specified month (include foster children):

- 1. Do you have any house construction going on now or planned in the next 90 days?
2. Have you purchased or do you plan on purchasing any new recreational equipment?
3. Do you have any new vehicles that you use to transport foster children?
4. Any new pets or any plans to bring a new pet into your home?
5. Any vacations/trips, or moves planned within the next 90 days?
6. Any new firearms or weapons or plans to bring any into your home?
7. Any changes in how you have stored firearms or weapons in your home?
8. Any changes in how you have stored hazardous materials in your home?
9. Any changes in how you have stored medications in your home?
10. Has anyone in household been arrested/convicted of any criminal activity in the last month?
11. Has anyone in household had changes in their medical or mental health?
12. Have you had any children move from your home?
13. Have you had any children placed in your home?

If yes, attach New Child Orientation

Information about other people living in your home (not foster children) for the specified month:

- 1. Has anyone moved into your home? (include temporary arrangements)
2. Do you know of anyone who will be moving into your home?
3. Has anyone moved out of your home?

Drills (for the specified month):

Fire drills must be conducted MONTHLY Tornado drills must be conducted April through August

Fire Tornado Date: \_\_\_\_\_ Length of time: \_\_\_\_\_

Emergency Preparedness Training Topic (for the specified month):

Emergency Preparedness Trainings must be conducted twice a year

Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

Training: Attach documentation of training completed (certificate of completion, book report, completed pre-approval form, etc.)

Family Care Provider Signature

Date

Family Care Provider Signature

Date

LFSRM Staff Signature

Date