



Transition Information



Date _____

All About: _____ Case Name _____

Please share as much information as possible to help make the transition into the new placement a better experience for the child and caregiver.

Medications –Please ask the FCC for medication log forms.

Name of Prescribed Medication: _____
 Dose/Frequency: _____ Time Medication is taken: _____
 Name of Prescribed Medication: _____
 Dose/Frequency: _____ Time Medication is taken: _____
 Name of Prescribed Medication: _____
 Dose/Frequency: _____ Time Medication is taken: _____
 Name of Prescribed Medication: _____
 Dose/Frequency: _____ Time Medication is taken: _____

Medical Information

Dietary Needs/Restrictions: _____
 Allergies: _____
 Other Pertinent Info: _____

Medicaid/ Medical/ Dental Information

Medicaid Number: _____ Plan: _____
 Medical Provider: _____ Phone: _____
 Last Visit: _____ Next Visit: _____
 Dental Provider: _____ Phone: _____
 Last Visit: _____ Next Visit: _____

Child Name: _____

Transition Information

School/ Daycare Information

School/Daycare Attending: _____ Current Grade Level: _____

Special Services/IEP:

Behavioral/ Mental Health Needs

Are there any mental Health or Emotional health concerns/diagnosis? (Temper tantrums, bedwetting, sexualized behaviors, mental health diagnosis, etc.):

What have you found successful in addressing these needs?

Extra-Curricular/ Special Activities

What special activities/ sport that the child participates in, which ones?

What is the schedule for the upcoming activities?

Does the child have a mentor? Yes No

Name: _____ Phone Number: _____

Bedtime Schedule, Rituals and Needs

Bedtime: _____ Night Light Needed? _____ Pull Up Needed? _____

Special Ritual (prayer, storytelling, song singing):

Child Name: _____

Transition Information

Visitation Schedule

Supervised Unsupervised Location: _____

Days: _____ Time: _____

Transportation Arrangement: _____

Important things to know about visitations (*parents can't visit together, individuals who should not be at the visit with the parents, things about visits that upset the child, things that make the visit go better, etc*)

Child Narrative / Contact Information

Child Narrative (*Safety Plan Info, special information on other important people in the child's life (family, friends, religious affiliations, other medical providers/specialists including last and upcoming appointments). Other information such as parenting techniques work for wanted or unwanted behaviors, the child's likes and dislikes, favorite toys, books, comfort items, etc.*)

Family Care Counselor: _____ Phone: _____

Family Care Counselor Supervisor: _____ Phone: _____

Program Director: _____ Phone: _____

Guardian Ad Litem: _____ Phone: _____

GAL Attorney: _____ Phone: _____

CLS Attorney: _____ Phone: _____

Thank you for all you do to help us keep children safe, healthy and happy!