

Individual Summary Sheet

Date of entry into the foster home: _____		
Individual name: _____	DOB: _____	
Gender: _____	Marital status: _____	Religious preference: _____
Current provider: _____	Phone: _____	
Current address: _____		
Previous provider: _____	Phone: _____	

Important contact information

DD service coordinator: _____	Phone: _____
Address: _____	
Guardian (if applicable): _____	Phone: _____
Address: _____	
Parent(s)/family: _____	Phone: _____
Address: _____	
DHS caseworker: _____	Phone: _____
Address: _____	
Vocational provider: _____	Phone: _____
Address: _____	
Teacher (if applicable): _____	Phone: _____
School address: _____	
Parole/probation officer (if applicable): _____	Phone: _____
Address: _____	
Other/title: _____	Phone: _____
Address: _____	
Other/title: _____	Phone: _____
Address: _____	

Medical provider information

Primary physician: _____	Phone: _____
Address: _____	
Alternate clinic/physician: _____	Phone: _____
Address: _____	
Dentist: _____	Phone: _____
Address: _____	
Psychiatrist (if applicable): _____	Phone: _____
Address: _____	
Preferred hospital: _____	Phone: _____

