



DATE CHECKLIST
COMPLETED:

CENTERSTONE

Name of Child:	Name Of Foster Parent:
Signature Of Child:	FP Signature:
TOPIC COVERED:	<input checked="" type="checkbox"/> = Reviewed / Completed
Introduction To Family Members	
Tour Of Home	
Child shown their room / space for belongings	
Inventory Belongings	
Family "Rules" and Expectations	
Review Of Program Handbook	
Discussion About Telephone Privileges / Contact List	
Discussion regarding no smoking	
Discussion regarding visitation	
Child given opportunity to ask questions about items discussed (or any other questions)	
Review Of Emergency Procedures (Fire Escape Plan, Calling 911, etc.)	
OTHER:	

Foster Home Orientation Checklist

Use this space to list any special issues that arose as part of the orientation discussion:
(Child, parent or both can use the space.)

This is to be completed by the child and parent together within 48 hours of a child being placed into the home. Please turn in with the monthly paperwork.