

For adoption and foster care

The child’s county social worker has additionally facilitated or scheduled meetings with the following persons to help me understand the child’s strengths and needs.

Person	Relationship to child (e.g., foster parent, guardian ad litem, therapist, medical doctor, teacher, etc.	Status	Date
		<input type="checkbox"/> Completed <input type="checkbox"/> Scheduled	
		<input type="checkbox"/> Completed <input type="checkbox"/> Scheduled	
		<input type="checkbox"/> Completed <input type="checkbox"/> Scheduled	
		<input type="checkbox"/> Completed <input type="checkbox"/> Scheduled	
		<input type="checkbox"/> Completed <input type="checkbox"/> Scheduled	

In addition to the child’s social worker and persons listed above, I understand that I may seek assistance in interpreting social and medical history and attachments information from others, such as doctors, mental health professionals, and education professionals.

I understand the social and medical history was most recently updated on: _____ .

I understand the document was completed thoroughly based on information known to the agency as of the most recent date updated. I understand there are reasons all information about a child might not be available, including, but not limited to: complex family histories, gaps in recordkeeping, limited knowledge, and data privacy restrictions.

- I have been provided a copy of this document.
- I agree with the statements above.
- I do not agree with the statements above:

Adoptive or Foster Parent(s)

NAME (PLEASE PRINT)	SIGNATURE	DATE
NAME (PLEASE PRINT)	SIGNATURE	DATE

For youth leaving foster care

I understand my social and medical history was most recently updated on _____ . I understand the document was completed thoroughly based on information known to the agency as of the most recent date updated. I understand there may be limitations to the information provided based on gaps in recordkeeping, limited knowledge, and data privacy restrictions.

- I have been provided a copy of this document.
- I agree with the statements above.
- I do not agree with the statements above:

Youth

NAME (PLEASE PRINT)	SIGNATURE	DATE
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Agency representative

NAME (PLEASE PRINT)	SIGNATURE	DATE
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Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທໂປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

ADA5 (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.