



FOSTER/KINSHIP CARE DEMOGRAPHIC

Child's Name: _____
(LAST) (FIRST) (MIDDLE) (Suffix- Jr,III,etc)

Date of Birth: _____ Sex: Male Female (circle one)

Foster/Kinship Parent #1: Name: _____

Mailing Address: _____

Primary Phone: _____ Alternate Phone: _____

Foster/Kinship Parent #2: Name: _____

Mailing Address: _____

Primary Phone: _____ Alternate Phone: _____

Name of Agency that placed child in your care: _____

Name of Contact at Agency: _____ Phone: _____

Can confidential messages, including reminders, test results and other healthcare information be left on answering machine/voicemail? _____ Yes _____ No

I affirm that the information given is correct to the best of my knowledge. I have received a copy of the Notice of Privacy Practices. **I am aware that foster parents or those placed under kinship placement CANNOT designate HIPAA contacts or sign for medical records.**

Foster/Kinship Parent Signature: _____ Date: _____