

Placement Packet Required Documents				
Required Forms & Documents	Initial Placement	Replacement	Termination	On LAKids
DCFS 129, Agency-Relative Caregiver Placement Agreement	Y*	Y*	N	Y
DCFS 5650 & DCFS 5650S, Personal Rights Note: Give a copy of DCFS 5650 to the caregiver(s) and to each child - Available in Spanish	Y*	Y*	N	Y
SOC 153, Placement Agency - Foster Family Agency Agreement - Nonminor Dependent Placed by Agency in Foster Family Agency	Y*	Y*	N	Y
SOC 154, Agency-Group Home Agreement	Y*	Y*	N	N
SOC 154A, Placement Agency - Foster Family Agency Agreement	Y*	Y*	N	Y
SOC 154B, Agency - Group Home Agreement - Nonminor Dependent Placed by Agency in Group Home	Y*	Y*	N	Y
SOC 156, Agency - Foster Parents Agreement - Child Placed by Agency in Foster Home	Y*	Y*	N	Y
SOC 156A, Agency - Foster Parents Placement Agreement - Nonminor Dependent Placed by Agency in Foster Home	Y*	Y*	N	Y
Note: The eight (8) agreement forms/documents listed above, contain the duties and responsibilities of the caregiver and of the CSW and information which must be discussed with the caregiver including any dangerous propensities of the child; emergency assistance phone numbers; foster care rate information; and special instructions. Foster parents have been instructed not to accept children without a placement agreement.				
Contact Information for Caregivers (English and Spanish)	Y	Y	N	Y
Child Health and Disability Prevention (CHDP) Brochure	Y	Y	N	N
DCFS 39, CHDP Documentation Checklist	Y	Y	N	N
DCFS 153, Dependency Court Information	Y	Y	N	Y
DCFS 179 PHI, Authorization for Disclosure of Child's Protected Health Information, signed by the parent(s)/guardian(s)	Y*	Y*	N	Y
DCFS 179, Parental Consent and Authorization for medical Care, signed by the parent(s)/caregiver(s)	Y*	Y*	N	Y
DCFS 179-MH, Parental Consent for Child's Mental Health Assessment and for Child's Participation in Mental Health Treatment, signed by the parent(s)/guardian(s)	Y*	Y*	N	Y
DCFS 485, Primary Language Designation Form	Y	Y	N	Y
Note: Ensure that each caregiver is served in his or her primary language. Federal law requires that each principal caregiver sign a DCFS 485. The form is filled in the Placement Folder.				
DCFS 489-2, Placement Termination of Foster Child	N	Y	Y	N
Note: This form verifies the date that the child is removed from the placement. DCFS 489-2 is given to the caregiver from whom the child is being removed. The original DCFS 489-2 is filled in the Placement Folder.				

DCFS 561(a), Medical Examination Form	Y	Y	N	Y
DCFS 561(b), Dental Examination Form	Y	Y	N	Y
DCFS 561(c), Psychological/Other Examination Form	Y	Y	N	N
DCFS 709, Foster Child's Need and Case Plan Summary	Y	Y	N	Y
Note: DCFS 709 is an attachment to the HEP. The DCFS 709 and HEP are given to the caregiver at the time of the initial placement and updated versions are given within 30 days of the placement.				
DCFS 730, HEP Binder Table of Contents	Y	Y	N	Y
DCFS 1399, Notification to School of Child's Placement Status	Y	Y	N	Y
Note: DCFS 1399 provides school transfer information for each school-aged child.				
DCFS 4158, Authorization for General medical Care for a Child Placed by an Order of the Juvenile Court (signed by the CSW if the parent(s)/Guardian(s) is unavailable to sign a DCFS 179)	Y*	Y*	N	Y
Note: The caregiver shall be informed that (s)he has the authority to sign for routine medical case. In all instances requiring emergency treatment or surgery, parental or court consent must be obtained.				
DCFS 4161 - I, Grievance Procedure Information	Y	N	N	Y
Note: Grievance Procedure Information for the parent/legal guardian concerning the placement or removal of a child from a foster home.				
DCFS 5660, Placement Checklist with Emphasis on the Health and Education Passport (HEP) and HEP Binder	Y	Y	N	Y
Health and Education Passport (CWS/CMS)	Y	Y	N	N
HEP Binder Label	Y	N	N	Y
HEP Binder Spine Label	Y	N	N	Y
Medi-Cal Card	Y*	Y*	Y	N
Medical Hub Referral Form (Form is located in CWS/CMS-LA County Specific Template)	Y	Y	N	Y
Medical Hub Notice to Caregivers	Y	Y	N	N
Office of the Ombudsman Brochure	Y	Y	N	N
Psychotropic Medication Authorization Form, if applicable	Y	Y	N	Y
Women, Infants and Children (WIC) Serving DCFS Children & Families flyer 2017	Y	Y	N	Y
CalFresh Serving DCFS Children & Families flyer 2017	Y	Y	N	Y

* The asterisk indicates that the form must be given to the caregiver on the day the child is placed (initial or replacement).

All forms are to be filled in the HEP Binder with the exception of the DCFS 485 and the DCFS 489-2

Note: File all Case documents per instructions in Procedural Guide 1200-500.90, Model Case Format (MCF).