



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

1313 N. Atlantic, Suite 2000 • Spokane, WA 99201

Date: _____

To whom it may concern:

This is to verify that _____, born on _____ has been placed in foster care under the supervision of the Washington State Department of Social and Health Services (DSHS), Division of Children and Family Services (DCFS). The authority for this supervision is:

- Authorization for Emergency Placement (Police Custody)
 Court Order # _____
 Voluntary Placement Agreement dated _____

DSHS has authorized the placement of the above-named child in the home of _____, Effective _____. DSHS authorizes the above-named caregiver(s) to engage in the activities indicated below:

- ROUTINE MEDICAL AND DENTAL CARE**
Arrange for routine medical and dental care on behalf of the child by a licensed physician, nurse or dentist. Routine care includes a Health Kids (EPSDT) exam within 30 days of initial placement and immunizations as needed. The caregiver must discuss routine care needs with the assigned DSHS social worker who will incorporate routine care needs into the child's written service plan.
- DISPENSING PRESCRIBED AND OVER-THE-COUNTER MEDICATIONS**
Dispense medications prescribed for this child as indicated by the health care provider on the prescription bottle. DSHS further authorizes that the caregiver(s) may use reasonable parental discretion to dispense "over the counter" medications for this child, as indicated on the label, for common ailments.
- EMERGENT MEDICAL OR DENTAL CARE**
Arrange and consent, without prior notice to the social worker, to such emergent medical care as is necessary to prevent death or serious injury to the child. In cases in which prior notice is not given, the caregiver will notify the assigned social worker as soon as possible after the child's medical needs are met.
- EDUCATIONAL DECISIONS**
Enroll the child in school and make routine educational decisions on behalf of the child.
- OUT OF STATE TRAVEL**

Transport the child outside the State of Washington during the period _____ to _____. Prior notice of this travel has been given to the child's assigned social worker and the approval for such travel is documented in the child's case record. *(For all travel to Hawaii, Alaska, outside the United States or travel in excess of two weeks, a court order is required in addition to this form.)*

Foster children are eligible for Washington State Medicaid and may be served under either a pre-paid health plan or fee-for-service arrangement. Washington State also has reciprocating agreements with many states for Medicaid coverage while the child is outside Washington State. To verify Medicaid eligibility, the child's ID number, or scope of coverage, please contact the Washington State Foster Care Medical Unit at 800-547-3109, Monday through Friday, 7:00 AM to 6:00 PM (Pacific Time).

Please feel free to contact me directly at (509)363-XXXX Fax: (509) 363-4601 if you have further questions.

DCFS/CPS Social Worker

DCFS/CPS Supervisor