

## New Placement Checklist

**Resource Family and Social Worker:** Review and complete all applicable paperwork. If info is currently unknown, develop a plan to get info to Resource Family when available.

**Resource Family:** Follow up with worker on outstanding items within the agreed upon timeframe (i.e. Medi-Cal Card or Doctor Visit). If you need immediate assistance and your worker is unavailable, call their supervisor or the main line at 415-473-2200.

Placing Worker:	Email Address: @marincounty.org
Office Number: (415) 473-_____	Cell Number: _____
Preferred Method of Contact (circle one): Call Office    Call Cell    Text Cell    Email	
Supervisor Name:	Supervisor Number: (415) 473-_____

Doctor* Name/ Number *Resource Family to schedule 1 <sup>st</sup> appointment within 30 days	
Dentist* Name/ Number *Resource Family to schedule 1 <sup>st</sup> appointment within 30 days	
Therapist Name/Number/Agency	
CASA Name/Number	
School/Daycare Name/Number	
Other Provider Name/Number/Agency	
Public Health Nurse Can assist with scheduling appointments, gathering records, consults on health issues	Linda Mariscal • 415-473-3703 • <a href="mailto:lmariscal@marincounty.org">lmariscal@marincounty.org</a> After Hours Emergencies — 415-987-0929 (text or call)
Resource Family Liaison Can assist with a variety of supports	Joe Devine • 415-473-6067 • <a href="mailto:jdevine@marincounty.org">jdevine@marincounty.org</a> Cell Phone — 415-521-6447 (text or call)

<b>Minor's Counsel</b> Wasacz, Hilley, & Fullerton LLP Phone: 888-942-8881* Fax: 888-942-8881 *Call to inquire which attorney is assigned	Mark Wasacz Lara Hilley Ahtossa Fullerton	<a href="mailto:mark@whfsf.com">mark@whfsf.com</a> <a href="mailto:lara@whfsf.com">lara@whfsf.com</a> <a href="mailto:ahtossa@whfsf.com">ahtossa@whfsf.com</a>	415-246-4292 (best to text) 415-939-4272 (best to text) 415-786-3494
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When is the first visit?	Date/Time/Location:	<input type="checkbox"/> Not Yet Scheduled
Who will be contacting Resource Family next?	CFS Staff Name or Role if Specific Name Unknown (i.e. Visit Supervisor, Court Worker, etc.):	

ITEMS NEEDED (if unavailable, RF and SW make a plan to get needed items):

Pre-Placement Questionnaire *If HEP unavailable, RF MUST ask SW these questions	<input type="checkbox"/>	CFS Phone List	<input type="checkbox"/>
		Project KEEP Backpack	<input type="checkbox"/>
Agency – Foster Parents Agreement	<input type="checkbox"/>	Health and Dental Contact Sheet(s)	<input type="checkbox"/>
Consent for Emergency Medical Treatment	<input type="checkbox"/>	Medi-Cal Card	<input type="checkbox"/>
Unusual Incident/Injury Report Forms	<input type="checkbox"/>	Other?	<input type="checkbox"/>