## \*\*\* Provider Check List \*\*\*

Name & Type of Provider (Foster Home, RTC, etc.):	
Name of Child:	Date of Birth:
Date of Placement:	State ID/Medicaid #:
*** Initial App	ointments ***
Physical  Within two (2) weeks of placement physical exam  Date call to doctor's office was made to schedule at  Date physical exam was completed:  Caseworker was notified that physical exam occur  Written documentation from physicians office (succaseworker.	red and outcome of exam.
Dental (dental is for children three years or older only Within eight (8) weeks of placement dental exam Date call to dentist's office was made to schedule a Date dental exam was completed:  ☐ Caseworker was notified that dental exam occurred Written documentation from dentist's office (such	has been scheduled &/or completed. appointment:
Immunization Record  ☐ Immunization record is accurate and up-to-date. ☐ Immunization record is attached to Health Passpor ☐ Caseworker has most recent copy of immunization	
***Ongoing Ap	pointments***
Dental exams are to be completed every six months a dentist (dental is for children three years or older of	
Dental - Date six months from placement:  ☐ Six month dental exam has been scheduled &/or concluded and the call to dentist's office was made to schedule and the call be dental exam was completed:  ☐ Caseworker was notified that dental exam occurred written documentation from dentist's office (such	appointment:
<b>Dental</b> – Date one year from placement:	
☐ Second six month (one year from placement) de ☐ Date call to dentist's office was made to schedule a ☐ Date dental exam was completed: ☐ Caseworker was notified that dental exam occurred	d and outcome of exam.
Written documentation from dentist's office (such	as the super-bill) has been given to the caseworker.

## Physical exams are to be completed annually after initial exam or as otherwise prescribed by a doctor

Physical - Date one year from placement:  Annual physical exam has been scheduled &/or completed one year from placement.
Date call to doctor's office was made to schedule appointment:  Date physical exam was completed:
Caseworker was notified that physical exam occurred and outcome of exam.  Written documentation from physicians office (such as the super-bill) has been given to the caseworker.
Immunization Record  Immunization record is accurate and up-to-date.  Immunization record is attached to Health Passport (HPP).
Caseworker has most recent copy of immunization record.
<b>Dental</b> – Date eighteen (18) months from placement:
(dental is for children three years or older only or as prescribed by a physician)  Six month dental exam has been scheduled &/or completed.  Date call to dentist's office was made to schedule appointment:  Date dental exam was completed:
Caseworker was notified that dental exam occurred and outcome of exam.  Written documentation from dentist's office (such as the super-bill) has been given to the caseworker.
<b>Dental</b> – Date twenty-four (24) months/2 years from placement:  (dental is for children three years or older only or as prescribed by a physician)
Six month dental exam has been scheduled &/or completed.  Date call to dentist's office was made to schedule appointment:
□ Date dental exam was completed: □ Caseworker was notified that dental exam occurred and outcome of exam. □ Written documentation from dentist's office (such as the super-bill) has been given to the caseworker.
Physical – Date twenty-four (24) months/2 years from placement:
Annual physical exam has been scheduled &/or completed one year from placement.  Date call to doctor's office was made to schedule appointment:  Date physical exam was completed:
☐ Caseworker was notified that physical exam occurred and outcome of exam. ☐ Written documentation from physicians office (such as the super-bill) has been given to the caseworker.
Immunization Record  ☐ Immunization record is accurate and up-to-date. ☐ Immunization record is attached to Health Passport (HPP). ☐ Caseworker has most recent copy of immunization record.

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Immunization Record  ☐ Immunization record is accurate and up-to-date. ☐ Immunization record is attached to Health Passport (HPP). ☐ Caseworker has most recent copy of immunization record.	

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Immunization Record  Immunization record is accurate and up-to-date.  Immunization record is attached to Health Passport (HPP).  Caseworker has most recent copy of immunization record.	