



Foster & Adoptive Care Coalition

FOR EVERY CHILD... A PLACE TO CALL HOME

Supports

Fill in date when item is confirmed and person who will provide the support.

Natural Supports

- _____ Planned respite care
Person: _____
- _____ Emergency respite care
Person: _____
- _____ Mentor for child
Person: _____
- _____ Transportation to
School: _____ Person: _____
Doctor/dentist: Person: _____
Therapist: _____ Person: _____
- _____ Backup adoption/guardianship plan
Person: _____
Person: _____
Person: _____
- _____ Parental emotional support
Person: _____
Person: _____
Person: _____
- _____ Summer/non-school hour safety/supervision plan
Person/activity: _____
Person/activity: _____
Person/activity: _____

Formal supports

- _____ Subsidy
- _____ Respite care
- _____ Department of Mental Health
- _____ Supplemental Security Income (SSI)
- _____ Intensive in home services
- _____ Daycare
- _____ Other: _____
- _____ Other: _____

Community supports

- _____ YWCA (Sexual abuse) (www.ywca.org)
- _____ Big Brothers, Big Sisters (www.bbbsa.org)
- _____ Learning Disabilities Association (www.ldantl.org)
- _____ National Alliance of Mental Illness (www.nami.org)
- _____ Vocational Rehabilitation (Check individual state government *website*)
- _____ Other: _____
- _____ Other: _____