



FOSTER & ADOPTIVE CARE COALITION

FOR EVERY CHILD... A PLACE TO CALL HOME

Supports Checklist

Check each box when item is confirmed and person who will provide the support is identified.

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

Check the box for each serviced discussed with the family.

- | | |
|---|---|
| <input type="checkbox"/> Subsidy | <input type="checkbox"/> Intensive in home services |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Department of Mental Health | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Other: |

Community supports

Check the box for each serviced discussed with the family.

- YWCA (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: _____