

Removal Checklist

• Clothing

- 5 shirts
- 5 pants
- 7 undergarments (7socks, 3 bras, 7 underpants)
- 1Coat (weather appropriate)
- Shoes
- Any special clothing for upcoming events

• Hygiene

- Toothbrush
- Hair brush
- Deodorant
- Any special/favorite lotions, perfumes, hair products

• Comfort

- Blanket
- Favorite Toys/Book/Journal
- Night Routine _____

- Morning Routine _____

- Fears, Likes, Dislikes _____

• **Items Provided by the Foster Care Closet**

• **School/Daycare**

- Backpack
- Homework
- What time does school start/end
- Projects due
- After School Activities
- Name of School _____
- Child's Grade _____
- Name of Teacher _____
- Notify current school
- If a school change occurs notify the new school

• **Medical**

- Medication (schedule, last dose, problems administering, refill needs/special requirements) _____

- Prescribing physician _____
- Pharmacy where the prescriptions are filled _____
- Medical Equipment
- Formula (brand, last fed, feeding schedule) _____

- Allergies _____

- Upcoming medical/therapy appointments _____

