Removal Checklist

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

• Hygiene
  o Toothbrush
  o Hair brush
  o Deodorant
  o Any special/favorite lotions, perfumes, hair products

• Comfort
  o Blanket
  o Favorite Toys/Book/Journal
  o Night Routine

  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

  o Morning Routine

  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

  o 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