



Foster Parent Letter of Understanding

We are honored that you have chosen to bring your foster child to us for medical care. The work that you do with foster children is very special and we are happy to be part of enhancing this child's life in partnership with you.

It is important to us that we are able to keep you informed of any medical findings. In order for us to contact you we ask that when you register you put yourself in as the child's guarantor. This includes your name, phone number and address. We will only use this information to contact you about this foster child's care.

Sometimes we need to look up information about this child. Because there is limited information available we ask that you fill in as much of the information below that you know. If you find out more of this information in the future please contact our office to let us know. These are important items for us when we speak to the Cabinet about the child and their medical care.

Patient's current name _____

Patient's birth name (if different than above) _____

Patient's social security number _____

Name of patient's social worker _____

Phone number of patient's social worker _____

Biological mother's name _____

Please check the coverage your foster child has:

Medicaid Aetna Better Health Well Care Humana Care Source Other/Unknown

Name of foster parent's social worker _____

Phone number of foster parent's social worker _____

Thank you again for caring for this child and allowing us to assist with their medical care. We will do what we can to assist you in caring for this child and appreciate you providing this information so we can work together for the good of this child.

Foster Parent's Signature

Print Foster Parent's Name

Date