

INITIAL PLACEMENT CHECK LIST

CHILD'S NAME _____ DATE OF PLACEMENT _____

- ORANGE FOLDER WITH PLACEMENT LETTER AND MEDICAID CARD
- I.A. WORKER NAME AND NUMBER

- FAMILY CASE MANAGER NAME AND NUMBER

- G.A.L. NAME AND NUMBER

- MOTHER NAME AND NUMBER

- FATHER NAME AND NUMBER

- PEDIATRICIAN NAME AND NUMBER

- THERAPIST NAME AND NUMBER

FIRST MEDICAL APPOINTMENT NEEDS TO BE MADE ON OR BEFORE-

VISITATION SCHEDULE AND CONTACT INFORMATION-

WHO TO CONTACT IN CASE OF AN EMERGENCY AFTER HOURS-

FOSTER PARENT LIAISON – Paulette Drankiewicz (414) 801-6637 or
milwaukeefostering@yahoo.com.

SCHOOL LIAISON-

SET UP W.I.C. FOR BIRTH THROUGH 4 YEARS OF AGE

