

# YOUR RESOURCE PARENT TOOLKIT





# In the Moment

With Fostering UNITY



## C.A.R.E Line

A safe response and support line for Caregivers & Resource Parents.

**(213) 269-0000**



## PMRT

Department of Mental Health psychiatric mobile response team.

**(800) 854-7771**



## FURS Program

CA urgent response for caregivers and youth to preserve placement.

**(833) 939-3877**



## DCFS Hotline

Report child abuse and neglect. Protect children in foster care.

**(800) 540-4000**



## Optimist Youth Homes & Family Services

Provide innovative and individualized treatment, education, and support services to children, young adults and families to better their lives.

**www.oyhfs.org**



## Facebook Group

This is a private Facebook group for Foster caregivers and community members run by Fostering UNITY. Share resources, advice, events, and placement information.

**Scan the QR Code**



## FKCE Classes

Find the current class schedules per college on Fostering UNITY's website!

**fosteringunity.org/education**



## Fostering Parenthood

This podcast helps caregivers learn how to have conversations with their youth and teens by sharing experiences, advice, and tools.

**fosteringparenthood.buzzsprout.com**



## Virtual Support

These groups are designed to provide consistent support and community. Join our CSS and fellow caregivers each week at the group suited to your needs.

**fosteringunity.org/virtual-support-groups**



Your

# Fostering UNITY

Team



## What is a C.A.R.E Service Specialist?

In partnership with the California Foster Youth Initiative AmeriCorps Program, C.A.R.E Service Specialists (CSS) are experienced caregivers who have been trained as peer mentors to support caregivers with the following:

- Trauma-informed parent coaching
- Expecting and Parenting Youth (EPY)
- Child and Family Team meeting support (CFTM)
- Self-care & mindfulness techniques
- Navigating the child welfare system & court system
- Children & youth rights educational support
- Reunification and placement transition support and assistance
- Physical resources through the CarePortal.

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Fostering UNITY Los Angeles County

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# Resources

With Fostering UNITY

## **Education/FKCE Classes:**

<https://fosteringunity.org/education>

## **Fostering UNITY Programs:**

<https://fosteringunity.org/our-programs>

## **Partnership Programs:**

<https://fosteringunity.org/partnership-programs>

## **Medical/Dental:**

<https://fosteringunity.org/medical%2Fdental>

## **Community Services:**

<https://fosteringunity.org/community-services>

## **Recursos en Español:**

<https://fosteringunity.org/recursos-en-español>

## **Foster Care Closets:**

<https://fosteringunity.org/foster-care-closets>

## **Fostering UNITY Services Referral Form:**

<https://fosteringunity.org/referral-form>

## **Tomorrow's About You (TAY) Youth Mentoring Referral form:**

<https://fosteringunity.org/t-a-y-mentorship>

## **Events:**

<https://fosteringunity.org/events>

## **Join our email list:**

<https://fosteringunity.org/join-us>



# Acronyms

DCFS: Department of Child and Family Services

SCR: Alliance for Children's Rights

BHS: Behavioral Health Services

CYC: California Youth Connection

NCYL: National Center for Youth Law

FKCE: Foster, Kinship, Care, Education

CLC: Children's Law Center

JBAY: John Burton Advocates for Youth

NAMI: National Alliance for Mental Health

NFPA: National Foster Parent Association

CASA: Court Appointed Special Advocate

CFT: Child and Family Team

CFTM: Child and Family Team Meeting

FR: Family Reunification

SPA: Service Planning Area

FFA: Foster Family Agency

RFA: Resource Family Approval

IEP: Individualized Education Plan

IPP: Individual Program Plan

IFSP: Individualized Family Service Plan

ISFC: Intensive Services Foster Care

# CARE OVERVIEW FORM



CHILD'S LEGAL NAME:

PREFERRED NAME:

Gender & Pronouns

Date of Birth:

Medi CAL Number: \_\_\_\_\_

Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications & Dosages

Certified Social Worker Name & Contact **AND** their supervisors name and contact

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Parent Name & Contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School & Teacher:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Likes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily Schedule

6:00am \_\_\_\_\_  
7:00am \_\_\_\_\_  
8:00am \_\_\_\_\_  
9:00am \_\_\_\_\_  
10:00am \_\_\_\_\_  
11:00am \_\_\_\_\_  
12:00pm \_\_\_\_\_  
1:00pm \_\_\_\_\_  
2:00pm \_\_\_\_\_  
3:00pm \_\_\_\_\_  
4:00pm \_\_\_\_\_  
5:00pm \_\_\_\_\_  
6:00pm \_\_\_\_\_  
7:00pm \_\_\_\_\_  
8:00pm \_\_\_\_\_  
9:00pm \_\_\_\_\_  
10:00pm \_\_\_\_\_

Dislikes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Services in place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caregiver Name: \_\_\_\_\_ RFA # \_\_\_\_\_



Caregiver Address: \_\_\_\_\_

**MEDICAL  
OVERVIEW  
FORM**

CHILD'S NAME:

CHILD'S DOB:

Gender & Pronouns

Medi CAL Number:

Allergies:

Medications:

Pediatrician & Primary Care Information:

Special Needs:

Mental Health:

Behaviors:

Specialist(s):

Therapist(s):

Regional Center/ Wrap Around/ Rate/ Other

Dentist:

Identifying Communities (such as LGBTQIA+):

Notes:

Caregiver Name: \_\_\_\_\_ RFA # \_\_\_\_\_



Caregiver Address: \_\_\_\_\_

**EDUCATIONAL  
OVERVIEW  
FORM**

CHILD'S NAME:

CHILD'S DOB:

Gender & Pronouns

School Name:

Address:

Phone #:

Educational Rights Holder  
Name & Contact:

Teachers:

IEP or other educational Information:

Afterschool activities:

Favorite Subjects:

Least Favorite Subjects:

Notes:



Caregiver Name: \_\_\_\_\_ RFA # \_\_\_\_\_



Caregiver Address: \_\_\_\_\_

**FAMILY  
OVERVIEW  
FORM**

CHILD'S NAME:  
  
CHILD'S DOB:

Gender & Pronouns

Birth Parent Name, Contact, Notes:

Birth Parent Name, Contact, Notes:

Siblings

Other Bio Family:

Race & Ethnicity:

Language

Religion

Visitation Schedule:

Notes:

Caregiver Name: \_\_\_\_\_ RFA # \_\_\_\_\_



Caregiver Address: \_\_\_\_\_

**FOSTER  
TEAM  
FORM**

CHILD'S NAME:  
  
CHILD'S DOB:

Gender & Pronouns

Social Worker Name and Contact:

Social Worker Supervisor Name & Contact:

Assistant Regional Administrator Name & Contact:

Regional Administrator Name & Contact:

Court/Judge Information

Attorney Information:

Programs:

Notes:

Other:

Caregiver Name: \_\_\_\_\_

RFA # \_\_\_\_\_



Caregiver Address: \_\_\_\_\_

**ALL  
ABOUT THE  
CHILD FORM**

CHILD'S NAME:

CHILD'S DOB:

Gender & Pronouns

Nicknames:

Identifying Communities:

Other:

Foods I like:

Foods I don't like:

Favorite place to eat out:

Activities:

Movie/Show

Books:

Music

Best Friends:

Clubs/Programs:

Love Language:

It makes me happy when:

I don't like when:

It helps me listen better when:

I learn better when:

If I am upset, I need to:

Notes:

Caregiver Name: \_\_\_\_\_ RFA # \_\_\_\_\_



Caregiver Address: \_\_\_\_\_

**ALL  
ABOUT THE  
CHILD FORM**

CHILD'S NAME:

CHILD'S DOB:

Gender & Pronouns

Typical Daily Schedule:

6:00am

7:00am

8:00am

9:00am

10:00am

11:00am

12:00pm

1:00pm

2:00pm

3:00pm

4:00pm

5:00pm

6:00pm

7:00pm

8:00pm

9:00pm

10:00pm

My Typical Weekly  
Allowance:

My Electronics Log:

Notes:

# ALL ABOUT THE HOME FORM



RESOURCE PARENT NAME AND PHONE NUMBER

Address:

RESOURCE PARENT NAME AND PHONE NUMBER

Directions to your home from crossroad(s):

Crossroad(s):

## Local Emergency Contact Numbers

Fire/Paramedics:

Child Protective Services:

Physician:

Hospital:

Police/Sheriff:

Dentist:

Poison Control:

Crisis Center:

## Other Emergency Contacts (Name & Number)

Social Worker:

Probation Officer

Substitute Caregiver:

Foster Care Agency/Office:

Licensing:

## Relative Emergency Contact:

## Utility Shut Off Location & Company Phone Number:

Gas:

Electric:

Water:

## Equipment Location:

Fire Extinguisher:

Smoke Alarm:

Fire Alarm:

First Aid Kit:

## Home Evacuation Plan:

# PLACEMENT TRANSITION INFORMATION FORM



CHILD'S NAME & DOB

Gender & Pronouns

Medications & Dosages

Medi CAL Number: \_\_\_\_\_

Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Certified Social Worker Name & Contact **AND** their supervisors name and contact

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health/Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Parent Name & Contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Services in place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School & Teacher:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Likes & Dislikes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If new placement has questions, can they contact you? If yes, include name and number

\_\_\_\_\_  
\_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily Schedule

6:00am \_\_\_\_\_  
7:00am \_\_\_\_\_  
8:00am \_\_\_\_\_  
9:00am \_\_\_\_\_  
10:00am \_\_\_\_\_  
11:00am \_\_\_\_\_  
12:00pm \_\_\_\_\_  
1:00pm \_\_\_\_\_  
2:00pm \_\_\_\_\_  
3:00pm \_\_\_\_\_  
4:00pm \_\_\_\_\_  
5:00pm \_\_\_\_\_  
6:00pm \_\_\_\_\_  
7:00pm \_\_\_\_\_  
8:00pm \_\_\_\_\_  
9:00pm \_\_\_\_\_  
10:00pm \_\_\_\_\_

# PLACEMENT TRANSITION LOG:



CHILD'S NAME:

CHILD'S DOB:

Gender & Pronouns

Date Placed:

Date Left:

Notes:

