MSFCP

I. Identifying Information

Name of Youth	Date of Birth	Date of Completion

II. Genetic / Medical Conditions

Select all that apply. (Note*Please attach supporting medical documentation)

☐ Down Syndrome	☐ Cri-du-Chat Syndrome	☐ Klinefelter's Syndrome	☐ Trisomy 18 (Edward's Syndrome)
☐ Triple X Syndrome	☐ Fragile X Syndrome	☐ Prader-Willi Syndrome	☐ Trisomy 13 (Patau's Syndrome)
☐ Turner's Syndrome	☐ Epilepsy/Seizure Disorder	☐ Systemic Lupus Erythematosus	☐ Pierre Robin Syndrome
☐ Cystic Fibrosis	☐ Sickle Cell Disease	☐ Cerebral Palsy	☐ Autism Spectrum Disorders
☐ Cancer	☐ HIV		
☐ Fetal Alcohol Syndrome	☐ Spina Bifida	☐ Hypoxic-Ischemic Encephalopathy (HIE) and at term (36 wks gestation or more)	
☐ PKU (Phenylketonuria)	☐ Hydrocephalus with Ventriculoperitoneal Shunt	☐ Cyanotic Congenital Heart Disease	
☐ Cranio-facial Anomalies (i.e. Cleft Palate, Etc.)	☐ Short Gut Syndrome with Dependance on Parenteral Nutrition		
☐ Congenital Viruses (Bacteria Herpes, Syphilis, Cytomegalovirus, Toxoplasmosis, and Rubella)	☐ Organ Transplant / Waiting		

Other: (Please List)	

III. Medical Devices / Special Equipment Needed

Select All that Apply

☐ Breathing Appliance ☐ Catheter ☐ Bathing & Toileting Device(s)

☐ Gastrostomy Tube ☐ Tracheostomy ☐ Wheelchair ☐ Walking Aid

☐ Patient Lifts ☐ Car Seat ☐ Walking Aids ☐ Hospital Bed

☐ Play & Recreation Device(s) ☐ Rehab & Positioning Device(s)

☐ Colostomy Bag ☐ Drainage Line

Other: (Please List)

IV. Current Physician Info

Name	Address	Phone	Visit Frequency	Treated Condition

Medically Supported Foster Care Program

V. Current Medication Info

Medication Name	Dosage	Frequency of Administration	Prescribing Provider

VI. Eligibility for School / Daycare Attendance

Select One

Can the child attend Daycare or school? ☐ Yes ☐ No

Foster Parent Required to transport? ☐ Yes ☐ No	If **YES**, Explain:
Foster Parent Required support in school? ☐ Yes ☐ No	If **YES**, Explain:

VII. Additional Supports / Services Needed

Please List with Explanation(s)

County Director Signature

Date