

Westwind Foster Family Agency- Monthly Progress Report

Child's Name: _____

Foster Parent: _____

Month of: _____

Medical and Dental Appointments		
Date	Provider	Nature of Appointment

Counseling Appointments		
Date	Provider	Nature of Appointment

Visitation (CSW, Relatives, Casa, Support Counselor, etc)		
Date	Name	Nature of Appointment

Weekly Allowance		
Ages 4-6: \$4 Ages 7-10: \$6 Ages 11-13: \$10 Ages 14+: \$15		
Date	Amount	Child's Signature (required)

Clothing Purchases		
Ages 0-14 yrs \$35 Ages 15+ \$45 (attach individual receipts)		
Date	Amount	Child's Signature (required)

Centrally Stored Medication				
(attach medication log)				
Medication	Dosage	Rx #	Physician	Pharmacy Phone

Client Height, Weight Record		
Date	Height	Weight

Please attach copies of:

- Incident Reports
- Clothing Receipts
- School progress reports, report cards, suspensions, awards, etc.
- Medical/Dental Forms
- Visitation Forms
- Medication Log