Foster Parent Incentive Program F2F Activities Chart

Rev: 11-19-2004

Month/Year		
Child(ren)		
Foster Parent:		
Family Name:		
*		
List the dates you spent with your foster child and the birth family	y	
Briefly describe the activities you shared this month with your foster child and his/her family member, in Accordance with F2F:		
Briefly describe the actions taken by the foster parent to encourage positive interaction during the outing:		
Check the Specific F2F Area you worked on: (Refer to the Family details on each area) Category A: Appointments and Religious Activities ** 1	Category D: Shopping 1 2 (OR) 3 4	
Category B: Lifebooks (only one) 1 (OR) 2	Category E: Visitation (only one)1 (OR)2 (OR)3	
Category C: Phone Contact (can do both) (AND / OR)		

Please note: These monthly sheets will be reviewed during the quarterly Family Case Conferences (to begin in October). The foster parent will receive the quarterly bonus following that meeting.

FOSTER PARENTS OF CHILDREN IN THE PCC OF THIS AGENCY ARE UNABLE TO PARTICIPATE IN THIS PROGRAM

Signatures:	
Foster Parent	21
Placement Services Caseworker	
Ongoing Caseworker	
Placement Supervisor	