



**South Carolina  
Department of Social Services**

# **EDUCATION AND HEALTH PASSPORT**

**DSS**  
*Serving Children and Families*

South Carolina Department of Social Services  
**EDUCATION AND HEALTH PASSPORT**

**Instructions to Foster Parents**

Please keep and maintain this Education and Health Passport while this child is in your care. Information should be updated as information changes.

Items to be included in the folder of the passport should include the child's:

- Educational grades
- School records
- Medicaid Card
- Developmental Assessments
- Records or Assessments from Child Care Providers
- Immunization Records

DO NOT store information concerning the child's parents, psychological evaluation or legal paperwork in the Passport.

Take this **Passport** and your **foster parent contract** to all school meetings and medical/dental visits pertaining to the child. Remind teachers and school personnel, doctors, dentists, mental health care providers, vision care providers, and other health care providers to add or correct information on the form after each visit. Please share updated Passport with your caseworker at your next meeting. When the child leaves your care, this Passport must accompany the child.

If you have any questions, please contact your child's Caseworker.

*Thank you for keeping your foster child's confidential education and medical records organized.*

**Child's Information**

Child's Name: \_\_\_\_\_  
Last First Middle

Name Also Known by: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
Month/Day/Year

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other health insurance? \_\_\_\_\_

Child's Person Number: \_\_\_\_\_ Policy No.: \_\_\_\_\_

U.S. Citizen?  Yes  No Company: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Have parental rights been terminated?  Yes  No

The race and ethnicity types that will be captured in CAPSS are:

**Race:**

- White
- Black or African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Unknown – Abandoned
- Unknown – Incapacitated
- Unknown – Multi-racial – Other Race Unknown
- Declined

**Hispanic Ethnicity:**

- Yes
- No
- Unknown – Abandoned
- Unknown – Incapacitated
- Declined

**Primary Language:**

- English
- Spanish
- Other: \_\_\_\_\_

Child's Religious Preference: \_\_\_\_\_

Child's Siblings: \_\_\_\_\_

DSS Office Responsible for This Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**SC DSS Confidential Information**

Date this page completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Education Information**

School District at time of removal: \_\_\_\_\_

School Name at time of removal: \_\_\_\_\_

Child Care Center Name, if applicable: \_\_\_\_\_

Child was home-schooled?  Yes  No

Name of Home School Association, if applicable: \_\_\_\_\_

Current School District: \_\_\_\_\_

School Name or Child Care Center: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

End Date of Enrollment: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

**Grade Level for Age:**

- Above Grade
- At Grade
- Below Grade
- Special Education

**Reading Level:**

- Above Grade
- At Grade
- Below Grade

Comments or additional information:

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**School Records:** (Should include but is not limited to transcripts, attendance reports, and any records that are considered confidential.)

- Included
- Requested
- Not Requested

Requested Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

*(Records must be transferred within three days of request.)*

Person contacted about record transfer:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Special Education/Behavioral Issues?**  Yes  No

Briefly describe:

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**SC DSS Confidential Information**

Date this page completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Education Information (Cont'd)**

Has child been determined eligible for special educational services?

Individualized Education Plan (IEP):     Yes     No

504 Accommodation:                       Yes     No

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**Awards and Achievements (Please include dates)**

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**Special Interests**

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**Post-Secondary Education Plan**

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**SC DSS Confidential Information**

Date this page completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Current Health Information**

**Allergies:** (Description; include medication, foods, etc.)

**Immediate Health Care Needs**

Does child have health condition(s) requiring immediate attention?  Yes  No  Unknown

Please specify what steps are being taken to determine the child's health condition:

Does the child have a life-threatening health condition?  Yes  No  Unknown

If yes, explain: \_\_\_\_\_

Does child have a communicable disease?  Yes  No  Unknown

Does child have asthma?  Yes  No  Unknown

Medication: \_\_\_\_\_

Does the child go to therapy regularly?  Yes  No

If yes, how often? \_\_\_\_\_ Who attends? \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Prescribed medications?**  Yes  No

Name of Medication	Doctor's Name

Medication comments/instructions:

Side Effects or Concerns – Observed: \_\_\_\_\_

*Note: Contact caseworker and prescribing physician if there are any concerns about the effect of any medication.*

List any positive impact medication has had on the problem for which it was prescribed:

**Primary Health or Mental Health Concerns**

Description: (Primary health or mental health concerns, if any) \_\_\_\_\_

Are immunizations up to date?  Yes  No  Unknown

If no, explain: \_\_\_\_\_

Has child received most recent flu shot?  Yes  No

**SC DSS Confidential Information**

Date this page completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Current Health Information (Cont'd)**

**Initial Health Evaluations**

Has the initial health assessment been performed?  Yes  No

Provider: \_\_\_\_\_

Date: \_\_\_\_\_ Follow-up treatment needed?  Yes  No

Describe treatment needed: \_\_\_\_\_

Has the initial trauma assessment been performed?  Yes  No

Provider: \_\_\_\_\_

Date: \_\_\_\_\_ Follow-up treatment needed?  Yes  No

Describe treatment needed: \_\_\_\_\_

Has the initial mental health assessment been performed?  Yes  No

Provider: \_\_\_\_\_

Date: \_\_\_\_\_ Follow-up treatment needed?  Yes  No

Describe treatment needed: \_\_\_\_\_

Has the standardized developmental screen (for ages 0-5) been performed?  Yes  No

Provider: \_\_\_\_\_

Date: \_\_\_\_\_ Follow-up treatment needed?  Yes  No

Describe treatment needed: \_\_\_\_\_

**Developmental/Functional Limitations**

- Visual Impairment
- Neurological Impairment
- Speech Impairment
- Special Diet Required
- Non-Ambulatory
- Emotional Problem(s)
- Developmentally Delayed
- Speech Impairment
- Behavioral Problem(s)
- Hearing Impairment
- Medical Equipment Required
- Other: (Describe) \_\_\_\_\_

If child has developmental delays, has child been referred to either BabyNet or local school district?  Yes  No

Describe the child's personal health/hygiene habits/abilities.

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

**Physician or Current Health Service Provider(s) and Telephone Numbers**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Medical  Dentist
- Therapist  Other

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Medical  Dentist
- Therapist  Other

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Medical  Dentist
- Therapist  Other

**SC DSS Confidential Information**

Date this page completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Family/Adult/Community Connections**

**Purposes of this information:** The child has people who played a significant role in her/his pre-foster care life who might play a significant role in his/her life while in care as well. It is important to know who those people are so the foster care givers can help maintain continuity in the child's life. DSS has an interest in knowing with whom the child has maintained contact, those who have continued to play a significant role in the child's life.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**SC DSS Confidential Information**

Date this page completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





**Foster Parent Documentation – Visitation, Maintaining Connections**

Please document all visits and note interactions between the child and visitor(s) and describe how they relate to the DSS case plan. If there are any instances where a visit did not adhere to restrictions set by the court or DSS, contact the caseworker.

Name(s) of Person Visited	Relationship to the Child	Location	Date	Who arranged?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe interaction: \_\_\_\_\_  
\_\_\_\_\_

Describe any structure that was created during the visit to encourage/teach positive interactions and/or parenting skills:  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Person Visited	Relationship to the Child	Location	Date	Who arranged?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe interaction: \_\_\_\_\_  
\_\_\_\_\_

Describe any structure that was created during the visit to encourage/teach positive interactions and/or parenting skills:  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Person Visited	Relationship to the Child	Location	Date	Who arranged?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe interaction: \_\_\_\_\_  
\_\_\_\_\_

Describe any structure that was created during the visit to encourage/teach positive interactions and/or parenting skills:  
\_\_\_\_\_  
\_\_\_\_\_

**Community Connections**

Describe any efforts to develop community connections for the youth and/or family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SC DSS Confidential Information**

Date this page completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Children and Youth in Foster Care Bill of Rights**

*I have the right to:*

1. Be treated as a normal and important human being.
2. Be cared for with love and affection.
3. Be provided adequate food, shelter and clothing.
4. Be heard and involved with the decisions of my life.
5. Be informed about and have involvement with my birth family and siblings, including the right to reject visits or contacts.
6. Complete information and direct answers to my questions about choices, services and decisions.
7. Reasonable access to my caseworker or a person in the agency who can make decisions on my behalf.
8. Express my opinion and have it treated respectfully.
9. Request the support and services that I need.
10. Individualized care and attention based on my unique skills and goals.
11. Ongoing contact with significant people in my life such as teachers, friends, my personal supports, and relatives.
12. Access to my case record to help me meet my goals.
13. Personal property, personal space, and my privacy.
14. Be notified of changes that affect my permanence, safety, stability, or well-being.
15. Practice my own religion.
16. Know what is expected of me in my foster placement.
17. Be cared for without regard to race, color, national origin, sex, religion or disability.
18. Caretakers who are interested in me and will support my involvement in social and school activities.
19. Have goals.
20. A plan for my future and support I need to accomplish it.

*Written by GOALL (Go Out and Learn Life), the Youth Advisory Council, created to help the Department of Social Services improve its independent living program.*

**Important Telephone Numbers**

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The department thanks the following organizations for their contributions in redesigning and updating the Education and Health Passport: GOALL, SC Foster Parents Association, SC Citizens Review Panel, and the Chafee Independent Living Program.

# South Carolina Education Bill of Rights for Children in Foster Care

Section 59 38 10.

- (A) Each school district shall have in place procedures to ensure seamless transitions between schools and school districts for children upon notice that a child is in foster care. School districts shall consider maintaining a child in foster care in the same school if it is in the child's best interest. A school district must not place additional enrollment requirements on a child based solely on the fact that the child is in foster care.
- (B) Each school district shall:
- (1) facilitate the immediate enrollment of a child in foster care residing in a foster home, group living facility, or any other setting that is located within the district or area served by the district;
  - (2) assist a child in foster care transferring from one district to another by ensuring proper transfer of records;
  - (3) request school records within two school days of placement into a school and transfer records within two school days of receiving a request for school records.
- (C) The Department of Social Services immediately shall enroll the child in school, maintaining the child in the same school if possible, and shall provide a copy of the court order to the school district to be included in the student's school record.
- (D) Educational and school placement decisions for children in foster care must be made to ensure that each child immediately is placed in the least restrictive educational program and has access to all academic resources, services, and extracurricular and enrichment activities that are available to all students.
- (E) Each school district shall accept for credit full or partial course work satisfactorily completed by a child in foster care while attending a public school, nonpublic school, or nonsectarian school in accordance with state and district policies or regulations.
- (F) Each school district shall ensure that when a decision to change the foster home placement of a child is made by the court or the Department of Social Services and the child must change schools, the grades and credits of that child must be calculated as of the date the child left school, and the child's grades must not be lowered as a result of these circumstances.
- (G) Each school district shall ensure that if a child in foster care is absent from school due to a certified court appearance or related court ordered activity including, but not limited to, court ordered treatment services, these absences must be counted as excused absences upon submission of appropriate documentation. If these absences exceed the limit provided for by law, the school administrator shall allow the child an opportunity to make up all assignments and required seat time.
- (H) Each school district, subject to federal law, may permit an authorized representative of the Department of Social Services to have access to the school records of a child in foster care for the purpose of fulfilling educational case management responsibilities required by law and to assist with the school transfer or placement of the child.
- (I) The Department of Social Services shall ensure that children in foster care have a willing and available adult to advocate for their best educational interests, and school districts shall acknowledge and accept this person's role in advocating for educational services necessary to meet each child's needs.

**MEDICAL/DENTAL ENCOUNTER FORM**

**NOTE:** Care givers are reminded that they are expected to give the caseworker at least one week notice of upcoming health care visits. If the caseworker is not able to attend the visit then care giver should inform/update the caseworker concerning the visit as soon as possible after the event.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical**

- 7 day Medical Screening
- 30 day Comprehensive Exam
- Emergency Room Visit
- Sick Visit
- Well Child Visit
- Immunization
- Follow-Up (Describe below)
- Surgery

**Dental**

- Oral Exam/Cleaning
- Follow-Up  
(Describe below)
- Surgery

**Behavioral Health**

- Psych Evaluation
- Follow-Up  
(Describe below)
- Medication
- Crisis Evaluation

**Vision**

- Evaluation
- Follow-Up  
(Describe below)

**Hearing**

- Evaluation
- Follow-Up  
(Describe below)

Diagnoses/Conditions: (Medical, developmental and learning) \_\_\_\_\_

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

Procedures done and results, if available: \_\_\_\_\_

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

Immunizations Given: \_\_\_\_\_

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

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

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

Prescription(s) Given: \_\_\_\_\_

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

Is follow-up or referral to another provider needed?  Yes  No (If yes, describe below)

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

Other Important Medical and Social Information: (If applicable) \_\_\_\_\_

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

Provider Signature: \_\_\_\_\_ Provider Name: (Print) \_\_\_\_\_

Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

**AGENCY USE ONLY:** Date entered in FamilyNet: \_\_\_\_\_ (File copy of Encounter Form in Medical section of paper case record.)

**EDUCATION ENCOUNTER FORM**

**NOTE:** Unlike the Medical/Dental Encounter Form, this form is to be filled out by foster care provider.  
**NOTE:** Care givers are reminded that they are expected to give the caseworker at least one week notice of upcoming meetings with school personnel. If the caseworker is not able to attend the meeting, then care giver should inform/update the caseworker concerning the meeting as soon as possible after the event.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Persons present at the meeting + role/position:

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Person(s) responsible for initiating the meeting: \_\_\_\_\_

Immediate reason for the meeting (e.g. routine parent-teacher conference, scheduled IEP review, academic performance review; particular behavioral event at school + details):

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Purposes or Goals of the meeting:

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Agreements or Decisions made at the meeting:

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Response or attitude of Child to the meeting:

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Further thoughts, reactions, or notes:

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# Education and Health Passport Instructions and Acknowledgement

## Requirements

- Implementation and maintenance of the Education and Health Passport (the Passport) will satisfy legal requirements concerning the recording and transfer of information about children who enter our foster care [ref.: the Social Security Act, PL 110-351, and SC Statute 63-7-2370]
- Implementation and maintenance of the Passport is stipulated and supported by DSS Human Services policy [ref. 818.05]
- Keeping the Passport current is the joint responsibility of the Agency and the foster care providers; foster care providers include foster parents, relatives, kinship caregivers or representatives of residential care providers who are the primary persons in charge of the care of the child
- Good communication between the worker, the foster care provider and the child as age appropriate is essential to share information

## Purpose of the Passport

The Passport is designed to keep recent information regarding education, health and family/adult/community connections easily accessible and organized. It is used to aid foster care providers when they are performing a child-specific function (e.g. enrolling a child in school, taking a child to routine medical/mental health care) and need to share information about the child in foster care.

In addition, transfer of a well-maintained Passport will facilitate a smooth transition of the child to a new placement, a permanent home, or adult life upon attaining the age of majority. A smooth transition is very much in the best interest of the child's continuing education and health.

## Instructions

### General

1. *Caseworker:* The Passport is to be printed and given to the provider for documentation. The Passport can be found on the DSS Intranet under Master Forms, #30245 (<http://lnapps01/formslib.nsf>).
2. *Caseworker:* Information is to be gathered for completion of the Passport, including family/adult/community information, upon the child's entry into foster care.
3. Caseworker and Care Givers: Information regarding family/adult/community connections for the child is to be obtained during the family meetings and other contacts; how and with whom these connections will be maintained (e.g. frequency of contact, location) is the joint decision of the agency, care giver and, if appropriate, the child and parents. Safety of the child is paramount in determining connections to be maintained.
4. Caseworker: A copy of the Passport and copies of all the documents and information in the Passport are to be maintained in the child's case file.

### Periodicity/Frequency of Updating

5. *Care givers* are to update the Passport regularly as information changes or as new information become available. When called for, additional copies of the Passport (or individual pages) are to be provided to the care givers, either in hard copy or digital form.
6. *Caseworker:* The Passport is to be reviewed at least every six months, or when there is a change in the child's placement, to obtain copies of recent education or medical documents to be maintained in the case file.

### Transfer of the Passport

7. *Caseworker:* The Passport and related information is to go with the child in any change of placement or residence to ensure all information is passed along. The next care giver is to be given the Passport and instructed to keep it current and up-to-date.
8. *Caseworker and Care Givers:* Youth who are 18 years and older and/or are leaving foster care are to be given the Passport and free copies of any other significant educational and medical information.

## Encounter Forms

### Medical/Dental

- Person taking child is to take an Encounter Form to each visit with a health care provider
- Medical/Dental form is to be completed by the health care provider
- Health care provider may attach medical records or other information to the Encounter Form
- A copy of the Encounter Form is to be placed in the child's case file and a copy given to/retained by the caregiver and placed in the Child's Education and Health Passport.

### Education

- Person meeting with school personnel should take Encounter Form to each such meeting
- Education form is to be completed by the care giver
- Pertinent documentation from school may be attached to the form
- A copy of the Encounter Form is to be placed in the child's case file and a copy given to/retained by the caregiver and placed in the Child's Education and Health Passport.

## Education and Health Passport Instructions and Acknowledgement

### Acknowledgements

We, the undersigned, acknowledge that a copy of the Education and Health Passport has been provided by the undersigned DSS caseworker or representative to the undersigned care giver(s) or representative(s); further, the care giver(s) acknowledge having read the above statements of Requirements, Purposes and Instructions and have had the opportunity to seek clarification of those statements.

#### DSS Staff

Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Care Givers

Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_