

**WHAT I HAVE** Looking for instructions? Download at [www.fosterclub.org](http://www.fosterclub.org)

Current <b>HEALTH</b> insurance coverage (name of company/plan):	Policy #:
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Does current plan continue after leaving foster care?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Anticipated end date of coverage:
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Current Primary Doctor:	Clinic or Hospital:	Phone #
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Health issues:	Prescriptions:
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Current <b>MENTAL HEALTH</b> insurance coverage (name of company/plan):	Policy #:
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Does current plan continue after leaving foster care?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Anticipated end date of coverage:
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Current Therapist:	Clinic or Hospital:	Phone #
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Mental health issues:	Prescriptions:
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Current <b>DENTAL</b> insurance coverage (name of company/plan):	Policy #:
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Does current plan continue after leaving foster care?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Anticipated end date of coverage:
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Current Dentist:	Clinic or Hospital:	Phone #
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Dental issues:	Prescriptions:
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<b>VISION</b> needs:	Prescriptions:
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Health education:			
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Fitness	<input type="checkbox"/> Other:
<input type="checkbox"/> Coping with stress	<input type="checkbox"/> Pregnancy prevention	<input type="checkbox"/> First Aid	<input type="checkbox"/> Other:
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Prevention of STDs	<input type="checkbox"/> Health self-advocacy	<input type="checkbox"/> Other:

**RESOURCES AVAILABLE TO ME** Find 'em at [www.fosteringconnections.org](http://www.fosteringconnections.org)

Assistance type	Eligibility (what I need to qualify)	Who I contact (and how to apply)

Visit [www.fosteringconnections.org](http://www.fosteringconnections.org) for more federal and state information regarding the Fostering Connections to Success and Increased Adoptions Act



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