

**INSTRUCTIONS FOR COMPLETING THE  
MEDICAL FOSTER CARE SERVICES DAILY ACTIVITY LOG**

**PLEASE COMPLETE IN INK**

Foster parents should submit an activity log to their foster care agency case manager at the end of each calendar month of service showing the medical foster care services provided on each day during the month. If more than one page is submitted, number pages appropriately in the right hand corner.

**FOSTER CARE AGENCY NAME** – Enter the name of the agency, which licenses your foster care home.

**PERIOD OF SERVICE** – Enter the month, day and year of the first day services were provided during the calendar month and the last day services were provided during the calendar month.

**FOSTER PARENT NAME** – The foster parent providing services to the child should enter his or her full name.

**FOSTER PARENT ADDRESS** – The foster parent providing services to the child should enter his or her address.

**CHILD’S NAME** – Enter child’s full name. Use a separate activity log for each child receiving medical foster care services.

**CHILD’S MA NUMBER** – Enter the ten digit recipient number for the child as it appears on the child’s Pennsylvania ACCESS card.

**USE AS MANY LINES AS NEEDED TO DESCRIBE AN ACTIVITY**

**DATE OF SERVICE** – Enter the month, day and year that medical foster care service was provided.

**DESCRIBE SERVICES PROVIDED** – Give a brief description of the medical foster care services provided for each day listed. Services provided should relate to the child’s prescribed treatment plan. Some examples of medical foster care services include: insuring doctor’s orders for medication, nutrition, and care are followed; administering medication and treatment according to a doctor’s orders; monitoring the reaction to medication and treatment; maintaining the availability of medicines and medical supplies; teaching foster parents how to establish and follow a medical care routine; menu planning; monitoring and supervision of meal preparation to assure adherence to nutritional requirements; monitoring nutritional intake and physical growth; assisting with personal hygiene, dressing, and grooming; providing the proper physical environment for growth and development; monitoring developmental stages reached by the child.

**TOTAL DAYS OF SERVICE** – Enter the total number of service days provided during the calendar month.

**FOSTER CARE CASE MANAGER’S SIGNATURE** – Each form completed must be signed and dated by the foster care agency case manager who is responsible for the foster care home.

**FOSTER PARENT’S SIGNATURE** – Each form completed must be signed and dated by the foster parent providing services to the child.