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A Family for Every Child

What to expect for a child's medical records

Receiving "Additional Information"

The information that is found in a child's biography tends to be very brief. It will tell you about the child's likes and dislikes, vaguely cover how they do in school, and information on the type of family desired. What it doesn't tell you-and what all families want to know right away-is their medical history and diagnoses. Caseworkers keep that information very private for confidentiality reasons, and to avoid situations in which the child may be bullied at school because a classmate found their biography online, for example. Caseworkers will only release that coveted information to a family that they feel would be a good match for the child based on the family's biography and home study. Even when a family gets that additional information however, there may be gaps and missing information. The following article addresses what you will find in a child's report, and how to asses what the child's need are currently and what they will be in the future based on the information you receive.

Medical Records

In a best-case scenario, you would be told where your child received medical care before the placement and have access to his full records. Unfortunately, many foster kids have had multiple homes, and it often takes creativity and persistence to reconstruct a medical history.

Start with the school(s) the child attended. Most states require that children be fully immunized prior to enrollment, and schools keep vaccine records on file. Many states have online vaccine registries, but these may be of limited use because they are optional and states don't communicate. If all else fails, blood work can verify immunity to the standard vaccines, but this is an expensive option. Alternatively, most vaccines can be repeated with no harm to the child.

Information about drug and food allergies, surgeries, chronic illnesses, medications, and

so on may be more difficult to obtain.Perhaps you didn't receive the name of your child's primary care provider, but his file referred to a specialist he saw. That doctor may have communicated with his PCP. You can also contact regional children's hospitals to see if the child received care there. Again, school files may also yield information.

Regardless of what you are able to find out about a child's history before entering the system, children generally receive a comprehensive health screening when placed into care. If your child has been in multiple homes, you may be able to obtain a series of evaluations.

Educational and Developmental Needs

More than 50 percent of preschoolers in foster care have speech delays. A good number also have delays in motor skills. Your child's previous school(s) may be able to provide you with a copy of her Individualized Education Program (IEP) or 504 Plan that outlines previous diagnoses and interventions.

Studies have shown that foster parents, pediatricians, and caseworkers often miss subtle delays in a child's development, however, and some professionals think that, once a child is placed into a good home with proper care and nutrition, the child will "catch up." In reality, Early Intervention, through a stable home and outside therapies, is key to consistent progress. If you request an evaluation from her new school and they protest because you can't provide a formal history of academic delays, be persistent. Younger children can be assessed with a standardized tool like the Ages and Stages Questionnaire, which asks a caregiver 10 questions in each of six developmental areas.

Behavioral Needs

Many adoption/foster care specialists recommend that all foster children see a mental health therapist. This is especially helpful as a child makes the transition into a permanent home. Parents can often expect a honeymoon stage, when the child is on her very best behavior. Once the honeymoon is over, the child may start "testing" the new family to see if the relationship will last. A therapist with experience in foster care and adoption can help you work through challenges as they present themselves, whether your child is two, 12, or older. Even if everything appears to be going well, it's probably best to retain this connection in the event of a crisis.

Adoption Subsidies

As you finalize your child's adoption, you may apply for a subsidy to cover long-term care. It is vital to work with your child's health care provider to compile a comprehensive list of potential needs based on your child's health, development, and behavior, even ones that are unlikely to appear. Recommended services to request include:

> **MEDICAL CARE:** Primary care/specialty care/emergency care; prescriptions; laboratory studies, including allergy testing; vision/hearing assessments, including hearing aids; hospital care/surgeries; cosmetic care (for disfiguring burns, birthmarks); drug and alcohol treatment; gynecological and prenatal care.
> **DENTAL CARE** (including braces and restorative care).

DEVELOPMENTAL NEEDS: Speech/occupational/physical therapy; academic testing for learning disabilities and ADHD; vocational training; educational tutoring; special school placements (for students with learning disabilities, hearing loss, and so on); equipment needs, such as wheelchairs or leg braces.
MENTAL HEALTH NEEDS: Counseling services; psychiatric medications; short/long-term psychiatric care/hospitalization.

If your family has private medical insurance, a subsidy will generally be secondary payment. Be sure not to bypass a subsidy, however, as it may meet deductibles or cover needs that you hadn't anticipated. Complete state-by-state information about subsidies can be found here.

The transition period will be challenging for your family. By being an advocate, looking in unusual places for records, and continuing to ask for help, you and your child will be able to focus on the most important task: growing together as a family.

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