

CHILD CONTACT LIST at ADMISSION

FAMILY CONTACTS

1. Complete the following Family Contact List for the child. If the child does not have contacts with the family members, please mark "N/A" in the box.
2. Each family member MUST have the password if they are permitted to call. It will not be provided to them by Florida Palms Academy.

Password: \_\_\_\_\_

| Relationship    | Name | Phone number | Email (if available) | Supervised or unsupervised calls | Supervised or unsupervised visits |
|-----------------|------|--------------|----------------------|----------------------------------|-----------------------------------|
| Mother          |      |              |                      |                                  |                                   |
| Father          |      |              |                      |                                  |                                   |
| Grandmother     |      |              |                      |                                  |                                   |
| Grandfather     |      |              |                      |                                  |                                   |
| Sibling         |      |              |                      |                                  |                                   |
| Sibling         |      |              |                      |                                  |                                   |
| Sibling         |      |              |                      |                                  |                                   |
| Sibling         |      |              |                      |                                  |                                   |
| Aunt            |      |              |                      |                                  |                                   |
| Uncle           |      |              |                      |                                  |                                   |
| Other:<br>_____ |      |              |                      |                                  |                                   |
| Other:<br>_____ |      |              |                      |                                  |                                   |
| Other:<br>_____ |      |              |                      |                                  |                                   |

CHILD CONTACT LIST at ADMISSION

PROVIDER CONTACTS

1. Complete the following Contact List for the child. It is important we have this form completed and all information accurate. If the child does not have any of the providers, please mark "N/A" in the box.
2. Create a password in order to have the persons indicated be able to call or visit child. It is the Dependency Worker's responsibility to ensure those listed have the correct password. Anyone calling or visiting without the password will be denied access to the child.

| Provider              | Agency name | Name | Phone number | Email | Comments |
|-----------------------|-------------|------|--------------|-------|----------|
| Dependency Worker     |             |      |              |       |          |
| Guardian ad Litem     |             |      |              |       |          |
| Attorney ad Litem     |             |      |              |       |          |
| Targeted case manger  |             |      |              |       |          |
| Educational Surrogate |             |      |              |       |          |
| Other:<br>_____       |             |      |              |       |          |
| Other:<br>_____       |             |      |              |       |          |
| Other:<br>_____       |             |      |              |       |          |
| Other:<br>_____       |             |      |              |       |          |