



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES**

**1677 Old Hot Springs Rd. Suite B**

**Carson City, Nevada 89706**

**(775) 687-4943**

March 17, 2014

Dear Foster Parents,

I want to thank you for all you have done and continue to do for Nevada's rural children in foster care. You provide a safe place for these children to work through their grief and fears while providing them as *normal* a familial living arrangement as possible under difficult circumstances.

In an effort to provide a "medical passport" for these children to take with them to another foster home, relative placement or forever home, attached is an updated form titled "A Monthly Medical History for Foster Children". Please fill in this form monthly with updates or no updates, if applicable, and send in when medical, dental, counseling appointment or medical emergency occurs. Many of you send this form in monthly or as appointments happen and *we thank you so much* for all these efforts and hope you will continue to do so!

I know it is "one more thing" to ask of you, but, with your help we envision a day that when a child comes to your home they bring with them this passport filled with past events and current needs (ongoing appointments, Doctor name and phone numbers, medications etc.)

Please save this form to your computer and email back to the [fosterchildmedform@dcs.nv.gov](mailto:fosterchildmedform@dcs.nv.gov) mailbox listed on the form when completed. The form can also be accessed on the DCFS Website at [www.dcs.nv.us](http://www.dcs.nv.us) under DCFS Index- double click on Forms to access the Med History Form.

In true appreciation of all you provide our children,

A handwritten signature in black ink, appearing to read "Betsey Crumrine".

Betsey Crumrine  
DCFS Rural Region Manager  
1677 Old Hot Spring Rd.  
Carson City, NV 89706  
(775) 687-4943