



**South Carolina
Department of Social Services**

EDUCATION AND HEALTH PASSPORT

SC DSS complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Education Information

Home School Name: (Before DSS foster care placement) _____

Home School District: (Before DSS foster care placement) _____

Current School District: _____

School Name: _____

School Address: _____

School Phone: _____

Date of Enrollment: _____

End Date of Enrollment: _____

Current Grade: _____

Grade Level Performance:

- Above Grade
- At Grade
- Below Grade
- Special Education

Comments:

School Records: (May include but is not limited to transcripts, attendance reports, psychologicals, and any records which are considered confidential.)

- Included
- Requested
- Not Requested

Requested Date: ____/____/____
Month/Day/Year

(Records must be transferred within three days of request.)

Person contacted about record transfer:

Name: _____ Telephone: _____

Immediate Education Needs: (Briefly describe)

Special Education/Behavioral Issues? Yes No

Briefly describe:

SC DSS Confidential Information

Date this page completed: ____ / ____ / ____

Education Information (Cont'd)

Has child been determined eligible for special educational services?

Individualized Education Plan (IEP): Yes No

504 Accommodation: Yes No

Sensitive school information on file? (e.g., Disciplinary record, teacher's comments, etc.) Yes No

Has DSS terminated parental rights? Yes No Unknown

Does DSS have educational rights for this child through a court order? Yes No Unknown

Is DSS providing independent living services for this child? Yes No Unknown

Are transition services being provided as part of the child's education program? Yes No Unknown

Awards and Achievements

Special Interests

Current Health Information

Allergies: (Description; include medication, foods, etc.)

Immediate Health Care Needs

Does child have health condition(s) requiring immediate attention? Yes No Unknown

Please specify what steps are being taken to determine the child's health condition:

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SC DSS Confidential Information

Date this page completed: ____ / ____ / ____

Current Health Information (Cont'd)

- Does the child have a life-threatening health condition? Yes No Unknown
 Does child have a communicable disease? Yes No Unknown
 Does child have asthma? Yes No Unknown

Medication: _____

Prescribed medications?

- Yes No

Name of Medication	Doctor's Name

Medication comments/instructions: _____

Primary Health Concerns

Description: (Primary health concerns, if any) _____

- Are immunizations up to date? Yes No
 Is sensitive health information on file? Yes No

Developmental/Functional Limitations

- Visual Impairment Speech Impairment
 Special Diet Required Medical Equipment Required
 Developmentally Delayed Emotional Problem(s)
 Hearing Impairment Behavioral Problem(s)
 Neurological Impairment Other: (Describe) _____
 Non-Ambulatory _____

Physician or Current Health Service Provider(s) and Telephone Numbers

- Name: _____ Telephone: _____
 Medical Dentist
 Therapist Other
- Name: _____ Telephone: _____
 Medical Dentist
 Therapist Other
- Name: _____ Telephone: _____
 Medical Dentist
 Therapist Other

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Date this page completed: ____ / ____ / ____

Adult/Community Connections

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

Name: _____ Relationship to Child: _____

Address: _____

Phone No.: _____

Contact with child? Yes No

SC DSS Confidential Information

Date this page completed: ____ / ____ / ____

South Carolina Foster Child's Bill of Rights

I have the right to:

1. Be treated as a normal and important human being.
2. Be cared for with love and affection.
3. Be provided adequate food, shelter and clothing.
4. Be heard and involved with the decisions of my life.
5. Be informed about and have involvement with my birth family and siblings, including the right to reject visits or contacts.
6. Complete information and direct answers to my questions about choices, services and decisions.
7. Reasonable access to my caseworker or a person in the agency who can make decisions on my behalf.
8. Express my opinion and have it treated respectfully.
9. Request the support and services that I need.
10. Individualized care and attention based on my unique skills and goals.
11. Ongoing contact with significant people in my life such as teachers, friends, my personal supports, and relatives.
12. Access to my case record to help me meet my goals.
13. Personal property, personal space, and my privacy.
14. Be notified of changes that affect my permanence, safety, stability, or well-being.
15. Practice my own religion.
16. Know what is expected of me in my foster placement.
17. Be cared for without regard to race, color, national origin, sex, religion or disability.
18. Caretakers who are interested in me and will support my involvement in social and school activities.
19. Have goals.
20. A plan for my future and support I need to accomplish it.

Written by GOALL (Go Out and Learn Life), the Youth Advisory Council, created to help the Department of Social Services improve its independent living program.

Important Telephone Numbers

The department thanks the following organizations for their contributions in redesigning and updating the Education and Health Passport: GOALL, SC Foster Parents Association, SC Citizens Review Panel, and the Chafee Independent Living Program.