

Volunteer Emergency Families for Children (VEFC)

Authorization for VEFC Shelter Home Placement

_____, age _____, has been placed by the
Child's Name

_____, with _____
Agency's Name *Name of VEFC Parents*

Placement will begin on _____ and end on _____.
Date *Date*

After Hours Emergency On-Call Number: _____

Medical or other Allergies:

Medical needs or physical problems that the VEFC family needs to be aware of:

Currently prescribed medications being taken:

Insurance company name and policy number (providing this information to the VEFC family is optional):

Insured by: _____ Policy Number: _____

Phone number of insurance company: (_____) _____

In case of emergency notify: _____

Remember – VEFC Host Families Cannot Sign Any Medical Releases.

Special Instructions:

Caseworker's Name Date: _____

Agency Phone Number

After Hours Emergency Phone Number

Emergency Numbers and Procedures for VEFC Host Families

(This would be customized for Each VEFC Program Area & preprinted on the back of each authorization form)

Local Department of Social Services: _____

After Hours Department of Social Services: _____

Local Police: _____

Fire/Rescue Squad: _____

Other Agencies in Area who may make placements (Court Service Unit, Mental Health, etc.)

1. If a child runs away, first phone _____. Identify yourself as a VEFC shelter parent for _____ Agency. Give pertinent information to the authorities, including a description of what the child was wearing. **Do Not Search For The Child Yourself.** Next, phone the caseworker, or the after hours on-call number.

2. If a child becomes seriously ill or injured, immediately _____. Then phone _____ . If there is no answer, phone _____ and ask for the caseworker on call. **You May Not Sign Any Papers Of Admittance Or Authorization For Treatment.** Only a caseworker or a judge can handle these authorizations.

3. If a minor medical problem occurs, contact the child's caseworker for instructions. **Do Not Administer Any Medication (Including: Aspirin, Tylenol, Cough Medicine, Etc.) Without Prior Authorization From The Caseworker.** If medicine comes with the child, be certain you understand the dosage instructions, and regardless of the age of the child, you administer the medication as needed. This should be done during business hours or at the time of placement whenever possible.

Other Numbers You May Need

VEFC Local Program Volunteer Family Coordinator: _____

VEFC Staff Program Coordinator: _____

VEFC Director of Programs: **Kym Ludwig: (703) 606-8853**

VEFC Central Office: **Mon. - Fri. 8:30am - 4:30pm; 804-379-7767, 1-800-756-6167**

VEFC Executive Director: **Karen B. Martinez: (804) 379-7767**

DSS Director: _____

Other Agency Directors (as needed): _____

Other Local Numbers you may need: