



# Clinical Associates

of East Texas, LLC

Sandy Harper Ph.D  
Kaye Rogers, M.S., LPC  
Jenny Fleming, M.S., LPC

Jonathan Ridenour, Psy.D  
Jan Walker, M.A., LPC  
Jana Brown, M.A., LPC, NCC

2010 Sybil Lane Tyler, TX 75703 Phone 903-596-8118 Fax 903-596-8125

## FOSTER CHILD INFORMATION SHEET

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

SSN: \_\_\_\_\_ GENDER: \_\_\_ M \_\_\_ F MEDICAID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ apt/lot #: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BUSINESS: \_\_\_\_\_ EMAIL (optional): \_\_\_\_\_

FOSTER PARENT NAME: \_\_\_\_\_ PLACEMENT AGENCY: \_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

CPS CASEWORKER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PEDIATRICIAN/CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OBSERVED PROBLEMS/CONCERNS: \_\_\_\_\_



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# OF FOSTER CHILDREN IN HOME: \_\_\_\_\_

NAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CLINICAL ASSOCIATES OF EAST TEXAS PRACTICE POLICIES FOSTER PARENTS

Your agency of Child Protective Services (CPS) has chosen Clinical Associates of East Texas to work with you in providing psychological, counseling, and mental health services. The following information is designed to give you a clear understanding of our policies. Please read what follows carefully and feel free to ask questions about anything that seems unclear. Please initial where indicated that you have read and understand this agreement. Your signature below indicates that you understand the information written and indicates your consent and agreement to these conditions.

### GENERAL INFORMATION:

Sandy Harper, PhD and Jonathan Ridenour, PsyD are licensed psychologists. Other licensed therapists include: Kaye Rogers, M.S., LPC, Jan Walker, M.A., LPC, Jenny Fleming, M.S., LPC, and Jana Brown, M.A., LPC. They all provide counseling and mental health services.

\_\_\_\_\_ Clinical Associates of East Texas is open from 8:00 a.m. until 5:00 p.m., Monday through Thursday and 8:00 a.m. until 4:00 p.m on Friday. Our telephone number is (903) 596-8118, and our fax number is (903) 596-8125.

\_\_\_\_\_ Clients are seen by appointment only. Appointments are scheduled by calling our office. If you are unable to keep an appointment, you must notify our office at least 24 hours in advance. This will allow us to make use of the time that has been reserved for you. In the event of bad weather (e.g. snow and ice) we recommend you contact the office to determine if there are any changes to our normal operating hours.

\_\_\_\_\_ Telephone calls of a routine nature should be made during regular office hours and will be handled by our office personnel. If our staff is unable to answer your question, your therapist will be given your message and will typically return your call between appointments or at the end of the day. While we want to be available to you, the telephone is not the best manner by which to deal with therapy issues.

\_\_\_\_\_ In case of an emergency, we may be reached 24 hours a day by calling the office number (903) 596-8118. After normal business hours, messages may be left on our voicemail. Non-emergency calls, such as appointments or any other office



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business, will be returned on the next business day. In the event of an emergency, dial 911. Instruction is provided on our voicemail for the therapist on-call. On-call responsibilities are shared by all therapists of the office.

\_\_\_\_\_ We are not responsible for children left unattended in the waiting area. **For their own protection, we ask they not be left alone during your visit.** Children should not be allowed to play in the hallways, bathrooms, or outside. If young children are the primary clients, another adult may need to supervise the other children while the parent(s) visit with the therapist. PLEASE LEAVE ADDITIONAL CHILDREN AT HOME.

\_\_\_\_\_ Managing conservatorship belongs to the Placement Agency. Therefore, any reports or notes must be provided to the Placement Agency. Foster parents wishing to obtain copies of any reports or progress notes for their records must contact the Placement Agency.

\_\_\_\_\_ PLACEMENT PAPERS, MEDICAL CONSENT PAPERS, AND MEDICAID CARD/# MUST BE PROVIDED ON THE FIRST VISIT. WITHOUT THE APPROPRIATE PAPERWORK, THE CHILD MAY NOT BE SEEN FOR THE SCHEDULED APPOINTMENT. Any other pertinent medical records may be provided to the therapist for review.

AGREEMENT: I have read, understand, and accept the policies, procedures, and conditions outlined in the Clinical Associates of East Texas practice policies.

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care Taker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_