



To Whom It May Concern:

Name: _____ DOB: _____

This child is currently placed in Foster Care with GA Family Services. In order to comply with state regulations, it is required that we document all medical and mental health appointments. We kindly ask that you send the following information to the fax number listed below:

- For medical appointments,
 - Signed clinical note (Please note, we are unfortunately unable to accept clinical visit summaries & NYS Health Examination Forms)
 - Date of next appointment (if scheduled)

- For mental health appointments,
 - Most up to date treatment plan
 - Brief visit summary (including date of service, working diagnosis, treatment modality, and any recommendations)
 - Date of next appointment (if scheduled)

Please feel free to contact me with any questions or concerns.

Thank you for all that you do,

Elizabeth Carraba-Ingoldsby, RN, BSN

RN Supervisor

E-mail: ecarraba@lutheran-jamestown.org

Cell: (716) 387-7971

Fax: (716) 720-9345

(Foster Parents – Please give this form to office staff at every medical, dental, vision, and mental health appointment)

210 Gustavus Avenue, Jamestown, NY 14701 - (716) 708-6161
AppleTree Business Park- 2875 Union Road, Suite 25, Cheektowaga, NY 14227 - (716) 668-0490
www.gafamilyservices.org



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