

**Activity Record**  
01Oct01 - 18Apr02

**Case Name:** Bierly, Leigh S

**Case ID:** 956764

**28Jan02 15 minutes Final Foster Parent Telephone Harris, Linda**  
**Policies:**

(Harris, Linda 08Mar02)

**29Jan02 5 minutes Final Recording Harris, Linda**  
**Policies:**

Was contacted by Carolyn who indicated she needed me to sign a one time payment form to give Lisa money for housing. She indicated it would be done through a grant. I informed Carolyn that upon my last meeting with Lisa and LaRay...it was indicated Lisa would provide information to us which would show she would be able to maintain her housing if we assisted her in getting into a place. I ask if that information had been provided, she did not know. I told her I would need more information before I would take the responsibility of signing the payment form. (Harris, Linda 08Mar02)

**29Jan02 1 minutes Final Collateral Telephone Contact Harris, Linda**  
**Policies:**

(Harris, Linda

08Mar02)

**12Feb02 30 minutes Final Health Care Preece, Casey J**  
**Policies:**

RHCT: 16 Months HSOM Test Action Item Completed. Healthy child. Leigh is transitioning to a new foster home where her brother Jordan has been residing. Family plans to adopt both Jordan and Leigh. New FM asked me about therapy for Leigh. I advised her that the last mental health assessment had mentioned that Leigh had been moved around so much in the last year it had had a definite impact on her ability to bond and that the evaluator felt she didn't need mental health services at that time (30OCT01), but would defer to the judgement of the primary workers and caregivers if Leigh presented with any adjustment behaviors. FM, believes that Leigh could benefit from therapy...I advised her that I did not have a problem with this, referred her to the Children's Center or CARU. CPreece, RN (Preece, Casey J 12Feb02)

**15Feb02 10 minutes Final Health Care Davis, Susan**  
**Policies:**

RHCT: Episodic/Sick/Emergency Health Visit Report completed.  
HC Professional:  
Condition: URI (Upper Respiratory Infection) Exam Outcome: Abnormal Treatment: viral URI  
Comments: decongestant - recheck 304 days if not better.  
Date HVR Received: 10Apr02  
Date of HVR Finalization: 10Apr02 (Davis, Susan 10Apr02)

**Total Duration:** 49 hr 57 min

**Worker Name:** Harris, Linda

**Signature:** \_\_\_\_\_

**Licensure:** None

*Proof  
Leigh  
Problem  
Bonding  
5/5  
Casey  
to be with  
mother. 10/1*