

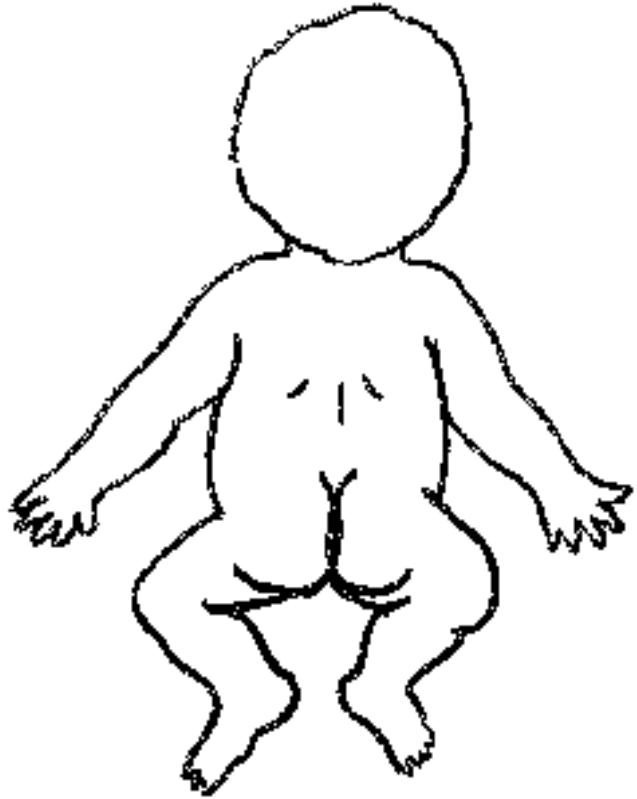
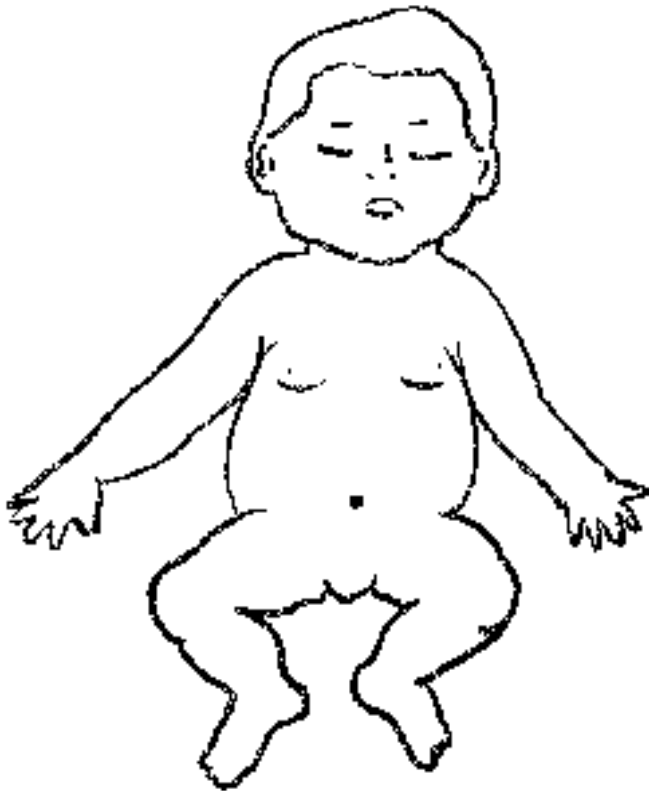
**VALLEY OF THE MOON CHILDREN'S HOME**  
**Intake Observation Checklist**  
**EMERGENCY FOSTER HOME PLACEMENT**

NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADMIT \_\_\_\_/\_\_\_\_/  
DATE: \_\_\_\_\_

**FOR INFANTS UP TO TWO YEARS OF AGE**



**Additional Information:**

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