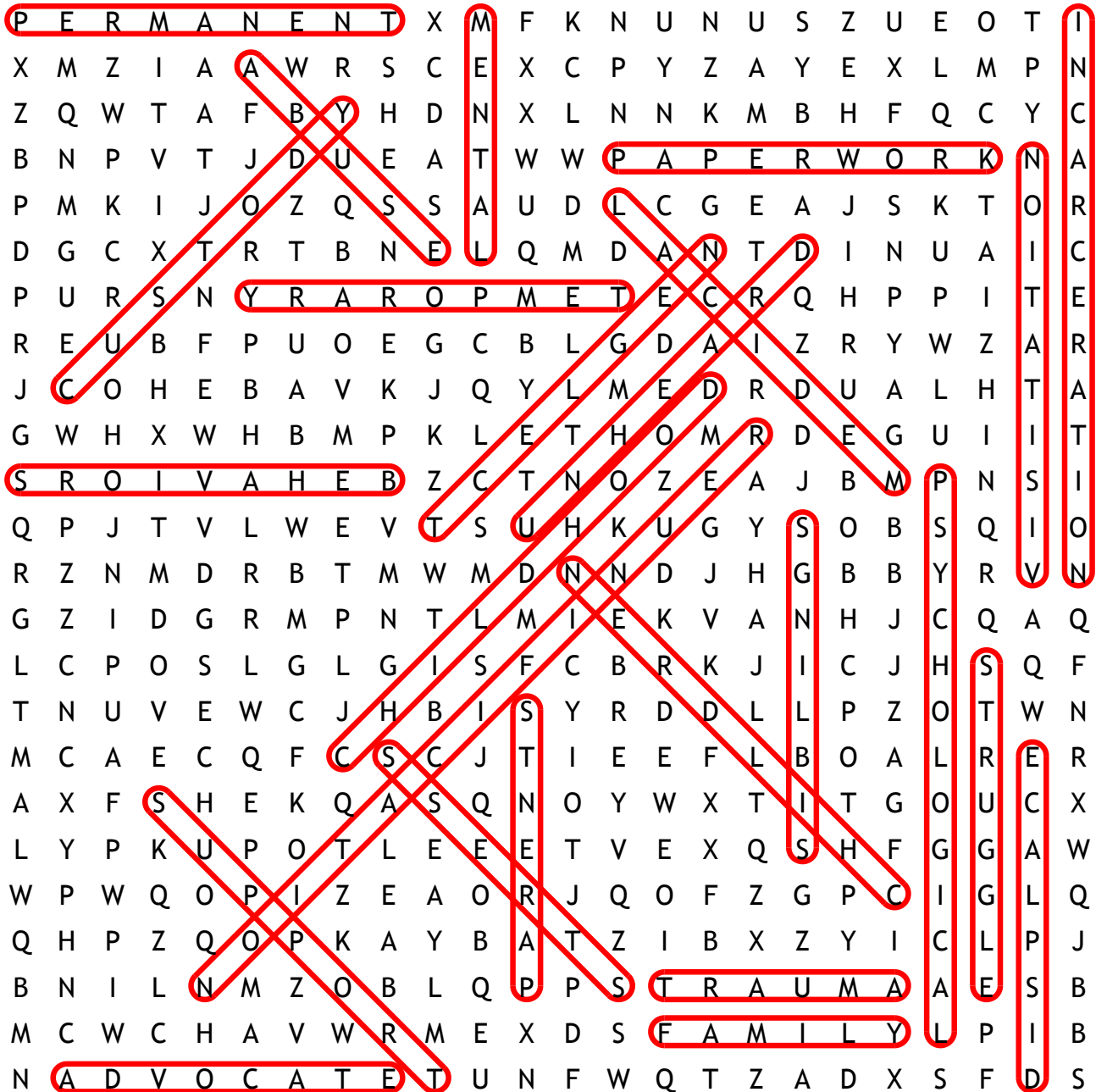


Name: _____

Date: _____

Foster Care System



Incarceration	Psychological	Reunification	Visitation	Behaviors
Childhood	paperwork	Permanent	Temporary	Advocate
Children	Displace	Siblings	Struggle	Custody
Medical	Neglect	Parents	Support	Unheard
Family	Mental	Stress	Trauma	Abuse