

**FOSTER CARE SELECT
THERAPEUTIC FOSTER CARE**

CONSENT TO RELEASE INFORMATION

The foster parent(s) listed below have expressed an interest in transferring to Foster Care Select, a program of Dunn Mental Health Center. These parents have acknowledged that they have spoken to their current licensing agency, informing them of this decision. Below is a list of the information we are requesting.

- I am consenting to release my own information.
- I am consenting to release information about my foster home file.

Information to be released:

- Application
- Home Study
- Foster Family Home Physical Environmental Checklist
- Water Analysis (if applicable)
- Substitute Care Agreement
- Licensing Staff Inquiry Regarding Foster Family Home
- Foster Care/Adoption Information
- Pre-Service Training Completion & Feedback
- CPR/First Aid/Universal Precautions Certificates
- Ongoing Training Certificates
- Any and All Results Pertaining to Background Checks & Clearances
- Any and All Medical Reports for Primary Caregivers/Household Members
- Reference Letters
- Adoptive/Foster Family Inventory
- Paving the Way to a Decision
- Family Network Diagram
- Child Behavioral/Health Challenges Checklist
- Annual Reports
- Identification, Marriage & Divorce Verification
- Pet Information
- Insurance Verification
- Income Verification

My consent ends 90 days from today.

My consent is voluntary.

I have been told about the consequences of consenting or not consenting.

Foster Parent Signature

Date

Foster Parent Signature

Date