

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

- Home Study
- Criminal/CPS History Information
- References
- Pre and In Service Training Certifications/Logs
- First Aid and CPR Certifications
- Corrective Action
- Well Water Analysis
- Paving the Way Worksheets
- Physical Environment Checklist
- Medical Exam Forms/TB Tests
- Child Behavior Challenges Checklist
- Attestation Statement

- 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 (yyyy/mm/dd)

Foster Parent Signature

date (yyyy/mm/dd)

For Office Use Only			
Name of Licensing Worker	Foster Home ID #	Worksite Number	Worksite Name
		(NONE)	(NONE)