

Adriel Foster Care Request for Approval of Alternate Caregiver (care for less the 24 hours)

Name: _____ Date of Birth: _____

Home Number: _____ Address: _____

Cell Number: _____

Relationship to Foster Care Giver and nature of relationship (neighbor, relative, friend, etc...): _____

Intended use of alternate caregiver (daily, as needed, etc...): _____

Alternate Caregivers experience with children: _____

 Foster Caregiver 1 (Print Name) Foster Caregiver 1 (Signature) Date

 Foster Caregiver 1 (Print Name) Foster Caregiver 1 (Signature) Date

 Alternate Caregiver (Print Name) Alternate Caregiver (Signature) Date

For Office Use Only:

Approved as alternate caregiver: YES or NO		
BCI received (must be on file to be approved)	YES or NO	Date: _____
FBI received (must be on file to be approved)	YES or NO	Date: _____
Drivers License on file (must be on file to transport)	N/A, YES or NO	Date: _____
Car Insurance on file (must be on file to transport)	N/A, YES or NO	Date: _____
Safety Audit completed (if requested by custodian)	N/A, YES or NO	Date: _____
_____ Foster Care Consultant		Date _____
_____ Foster Care Manager		Date _____