

Adriel Foster Care Request for  
Approval of Alternate Caregiver for Overnights (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 2 (Print Name)                      Foster Caregiver 2 (Signature)                      Date

\_\_\_\_\_  
Alternate Caregiver (Print Name)                      Alternative Caregiver (Signature)                      Date

*For Office Use Only:*

<b>Approved as alternate caregiver: YES or NO</b>		
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 Regional Manager		Date _____
<i>For Custodial Approval Only (must be approved by custodial for overnights):</i>		
<b>The above alternate caregiver has my permission to care overnight but less than 24 hours for</b>		
_____ (Youth's name), who is in the custody of _____ (name of		
agency).		

County/Custodial Agency Representative

Date