



Adriel

Foster Care and Adoption • Family Preservation
Clinical Services • Training Institute
Todd Hanes, President & CEO



ALTERNATE CAREGIVER FORM
Waiver and Authorization for Release of Information

Last Name	First Name	Maiden or alias (designate)		
Street Address	City	County	State	Zip
Date of Birth	Social Security Number			
Race	Height	Weight	Gender	
Home Number: _____		Cell Number: _____		
Relationship to Foster Family and nature of relationship (neighbor, relative, friend, etc...):				
Intended use of alternate caregiver (daily, as needed, etc...):				
Alternate Caregiver previous experience with children: _____				

I understand that Adriel Foster Care has the legal obligation to protect a child placed in foster care and to ensure that a foster family and any alternate caregiver are able to serve the best interest of the child. I understand that it is necessary for an investigation of my background to be conducted regarding any past violations/allegations of abuse or criminal activity. I hereby agree to waive any privilege of confidentiality and give my consent for any and all of the following information to be released to Adriel Foster Care:

1. Any information concerning the person named above in the possession of any children services agency of any state, or any welfare agency, including but not limited to, the county children services board, Department of Job and Family Service agency, or welfare boards of any state.
2. Any information on file with any law enforcement agency, local, county, state or federal, regarding any possible criminal activity.

I further authorize Adriel Foster Care to contact any children services agencies of any state, any welfare agencies, including but not limited to Departments of Human Services or Departments of Public Welfare, any sheriff's departments, or any welfare, children services boards or law enforcement bodies of any state. I understand that this release will remain in effect unless revoked by me in writing. I also expressly agree to and understand that any of the information obtained through this consent form may be used at the discretion of Adriel Foster Care in the agency's decision whether to recommend the above named person as an Alternate Caregiver for an Adriel Foster Home. Further, I agree to hold any source of information blameless for any error in reporting this information and release all persons whosoever, from any damages as a result of furnishing said information.

Signature of Alternate Caregiver Authorizing Release	Date
Foster Caregiver 1 (Print Name)	Foster Caregiver 1 (Signature)
Foster Caregiver 1 (Print Name)	Foster Caregiver 1 (Signature)
Foster Caregiver 2 (Print Name)	Foster Caregiver 2 (Signature)
Foster Caregiver 2 (Print Name)	Foster Caregiver 2 (Signature)

550 N. Detroit Street PO Box 188 West Liberty, Ohio 43357 937-465-0010 888-925-1725 (fax)	22897 US 20A Archbold, Ohio 43502 567-341-4327 888-820-8966 (fax)	521 S. Shannon Street Van Wert, Ohio 45891 419-513-2600 888-241-9316 (fax)	5501 Nebraska Avenue Toledo, Ohio 43615 419-724-0276 888-851-1154 (fax)	105 Commerce Park Dr. Suite A Westerville, Ohio 43082 614-761-0010 888-925-0304 (fax)
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For Office Use Only:

Local Background Check Results received	YES or NO	Date: _____
National Sex Offender Registry Results received	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: _____
Approved as alternate caregiver:	YES or NO	Date: _____
_____		_____
Foster Care Staff/Assessor		Date
_____		_____
Foster Care Supervisor/Manager		Date