



Providing quality care for children in the spirit of Christian love

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



**Household Member Change Form**

I/We \_\_\_\_\_ would like to notify Adriel that as of \_\_\_\_\_  
 (Foster Parent Names) (Date)  
 our household member(s) \_\_\_\_\_  
 (Name(s) & DOB(s))

has/ have moved into/ out of (circle one) our home.

All New Household Members: We understand that for all new household members (who were not previous foster youth) we must submit a completed JFS Medical Statement within 30 days of their move-in date.

Adoptions: We understand that for new household members who we have adopted, we will need to submit a copy of the Adoption Decree within 30 days of the adoption.

Adult (18+) Household Members: We understand that for new adult household members (ages 18+), we must complete/submit within 7 days of moving in::

- 1. Adult Household Member Information Form,
- 2. TB Attestation Form,
- 3. Waiver of Release of Information Form
- 4. Copy of Driver's License or State ID,
- 5. Copy of Social Security Card.
- 6. Background Check Fingerprinting Appointment with Adriel Licensing Specialist

**Required:** Our updated Sleeping Arrangements in the home are listed below:

<b>Names of Occupants</b> Please do not list foster youth names, just write "foster youth" if this is a foster youth bed	<b>Bed Type</b> King, Queen, Full, Toddler, Twin, Top Bunk, Bottom Bunk, Crib *Please add crib manufacture dates. Foster youth may not use cribs from before 6/28/11	<b>Bedroom Number</b> (1, 2, 3, etc.)	<b>Floor/ Level</b> 1st floor, 2nd floor, Basement

\*continue on the back of this form if additional space is needed.

Foster Youth Bed Availability: I/We would like to continue to be certified for \_\_\_\_\_ of foster youth placements.  
 (number)  
 (please list all foster youth beds along with the sleeping arrangements of all household members in the home above).

\_\_\_\_\_  
 Foster Parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Foster Parent

\_\_\_\_\_  
 Date