OUT-OF-HOME CUSTODY LETTER

Date:

To Whom It May Concern

RE:

|  |  |
| --- | --- |
|  | (name of caregiver/provider) |
|  | (address) |
|  | (city and zip) |

Licensed Foster Parent

Relative

Non-Relative Caregiver

Licensed Facility

The above individual(s) is approved for placement of:

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  | Medicaid#: |  |
| DOB: |  | Race: |  |
| SSN: |  | Gender: |  |

The above named individual(s) is authorized to sign all forms or permits necessary to ensure his/her health, safety and well being. This includes permission and admission forms for school placement.

The above individual(s) **CAN NOT** sign for any invasive procedures, psychotropic medication or anesthesia.

|  |  |
| --- | --- |
| Agency: |  |
| Dependency Case Manager/CPI: |  |
| Phone# |  |
| Supervisor: |  |
| Phone# |  |
| On Call Phone #: |  |