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 #:  |       |