

FOSTER CARE

If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent _____

Name of Agency _____ Agency Code # _____

Agency Address _____ Type of Agency _____

Case Worker and/or Social Worker _____ Phone No. _____

DSS Case # _____ CIN # _____ CB# _____

Date child was placed at current location: _____

Date at previous location: _____