



**The Department of Services
for Children, Youth and
Their Families**

Adults in Foster Care Home Information Waiver

I understand the need for Division of Family Services to obtain input about my family’s ability to assume the responsibility of caring for children in foster care from:

- Family Services
- Department of Justice/DELJIS Check here and add names and DOB of minor children for whom you give consent for a check of DELJIS

This authorization is valid from _____ to _____.

I also understand that these precautions are taken for the protection and welfare of my family as well as the children who may be placed for foster care. Therefore, I hereby give the Division permission to check with the above as necessary in the foster home approval process. I have provided accurate information on the Application/Home Study to the best of my knowledge and give the Division permission to investigate any response.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), 45 C.F.R. Pts. 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulation.

I also understand that this consent may be revoked at any time, except to the extent that action has been taken in reliance on it. The person completing this form has a right to receive a copy. This form is invalid unless all sections are completed.

Signature / Date

Print Name

Social Security #

Signature / Date

Print Name

Social Security #

Foster Home Coordinator

Print Name

Date