



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

Dear

Date

The purpose of this letter is to inform you that your Re-evaluation Report for Relative/Fictive Foster Families has been completed. You continue to be approved as a Department for Community Based Services (DCBS) foster home. The following requirements for ongoing approval as a foster home have been met:

- Change in Family Structure
- Home Environment
- DPP 157 for dependent children ages 12-17
- KARES Verification From
- Training (only medically complex and care plus)
- Pet Vaccinations
- Other

Your R&C worker made a recommendation for continued approval as a foster home. Your next re-certification will occur in .

Foster parents are a vital and essential part of our efforts to help families and children in need. Thank you for your continued participation in our foster care program.

Sincerely,

Family Services Office Supervisor

Cc: Foster parent  
file CBW