Date

# (Foster Parent Name)

# (Address)

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am happy to inform you that your R&C Worker, **(Worker’s Name)**, made a recommendation for continued approval as a **(TYPE)** Foster Home. Your family has completed the annual training and background requirements for continued compliance with our foster care program.

If you can please continue to complete a minimum of 10 hours of annual training to maintain your approval status. The next annual review date for your training and background checks will be in **(Month/Year)**.

The re-certification process for your foster home will occur every three years. Your next re-certification date will occur in **(Month/Year)**.

The mandatory training is required is to be completed by **(Month/Year)** in order to maintain your home as an approved status (*these count toward the 10 hours of training mentioned above*):

Trauma Informed Care (12 hours)

Sexual Abuse (12 hours)

Behavioral Management and Skill Development (5 hours)

Psychotropic Medications (1 hour - online)

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

Sincerely,

**(FSOS Name)**

R&C Supervisor

Enclosure: DPP-154

CC: Foster Parent File, CBW, Billing Specialist