



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

Date

Dear

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

- | | |
|---|--|
| <input type="checkbox"/> Personal Qualities/Relationships | <input type="checkbox"/> Number of Children |
| <input type="checkbox"/> Minimum Age Requirement | <input type="checkbox"/> Health Status |
| <input type="checkbox"/> Economic Status | <input type="checkbox"/> Employment and Child Care |
| <input type="checkbox"/> Home Environment | <input type="checkbox"/> Marriage and Family |
| <input type="checkbox"/> Training | <input type="checkbox"/> Smoke Detectors |
| <input type="checkbox"/> KARES Verification Form | |

Your R&C worker made a recommendation for continued approval as a foster home.

You are required to attend _____ hours of training each year to maintain your foster home status. 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