FOSTER FAMILY HOME APPROVAL TO PROVIDE A TRANSITIONAL OR INDEPENDENT LIVING PLACEMENT

This is to certify that	
Foster F	Parent(s) Name(s)
residing atFoster F	Parent(s) Address
	a.o.n.(o, 1.aa.oo
in the County of	, State of Alabama, is/are
hereby granted approval to provide a transitional liv	ring placement / independent living placement for
	, as a part of the foster family home,
Youth's Full Name	
with the understanding that no additional money v	will be received as board payment for providing the
placement. Furthermore, it is understood that the	Minimum Standards For Foster Family Homes and
requirements provided in Transitional And Indepen	ndent Living Program And Placement Requirements
are applicable to the foster parents, their household	d, and all dwellings used in providing this placement.
Foster Parent's Signature	Date
Foster Parent's Signature	Date
Worker's Signature	Date
Resource Worker's Signature	Date
Director's Signature	Date
C	County Department of Human Resources