

Conversion to Resource Family: Release of Information

Name of Foster Family Agency: _____

Certified Parent Name #1: _____
(Print Name)

Certified Parent Name #2: _____
(Print Name)

RELEASE OF INFORMATION:

I/We, _____ and, _____ hereby
(Print Parent Name #1) (Print Parent Name #2)

authorize the Department County or _____ to copy my/our approved adoption homestudy
(Adoption Agency Name)
and updates to my/our adoption homestudy from my/our adoption file and for said copies to be placed in my/our Resource Family file for the purpose of being approved as a Resource Family, pursuant to Health and Safety Code section 1517.

Upon approval as a Resource Family, I/we understand that my/our certificate of approval shall be forfeited by operation of law.

(Parent Name #1 Signature) (Date)

(Parent Name #2 Signature) (Date)

(FFA Worker Signature) (Date)