

## Foster Care Confirmation of Placement

Today's Date: \_\_\_\_\_

This document confirms that:

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

is a child in the custody of the Secretary for the Department for Children and Families and was placed at:

Placement Type: \_\_\_\_\_

Placement Name: \_\_\_\_\_

Placement Address: \_\_\_\_\_

Placement Start Date: \_\_\_\_\_

The undersigned is a licensed child placing agency or case management provider or independent living agency contracted with DCF and is hereby confirming the placement as described above.

CONFIRMING PARTY	AGENCY PHONE
AGENCY ADDRESS	

**Confidentiality Safeguards of Client Information:** The use or disclosure by any party of any information concerning a child for any purpose not directly connected with the administrative responsibility of DCF, or its partners, with respect to services described in this document is prohibited except with the written consent of DCF or upon the order of an appropriate court.

