

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 ADDRESS

AGENCY PHONE

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.

