



375 Lake Blvd., Ste. #100
530-241-1036; Fax 530-241-2703

FOSTER CARE VERIFICATION

Note to Foster Service Agency: The information that you are providing will **ONLY** be used to determine eligibility for families requesting to participate in the Head Start Program. This information will not be shared with any other organization or be used for purposes other than to determine eligibility for Head Start services.

Note to Applicant: This form is only to be used for eligibility verification when an applicant does not have documentation current within 3 months of submission of application or other forms from foster care to document current eligibility.

I, _____
Authorized Representative's Name and Title

certify that _____
Child

Is currently participating in the Foster Care program. Their case # is : _____
Case Number

Authorized Representative's Signature

Date

Contact Number

SHS: Verified by _____ Date: _____