

RE: Respite Care in Licensed Foster Homes

Dear _____ :

Your application to be a respite provider in a licensed foster home has been approved by Children's Administration.

Your provider number is _____ .

Please remember to:

- Keep me informed of your current address.
- Send me verification of your First Aid and CPR recertifications as you obtain them, since this training must be current.
- Report suspected child abuse and neglect to your local child protective services office or 1-866-ENDHARM.

Criminal history clearances must be processed every three years for you to continue as an approved respite provider. Your clearance expires _____. You will receive new clearance forms from Children's Administration in three years that will need to be completed and returned.

Please contact me with any questions.

Sincerely,

FOSTER HOME LICENSOR

Telephone Number:

Email Address: