

Proof of Foster Parent and Child Placement

Instructions: Staff must collect documentation of an eligible child's status as a foster child before exempting a foster parent's income.

Documentation:

The following are appropriate documents to verify an eligible child is a foster child and must be included in the child's file.

- Copy of the foster parent's valid Foster Family Home License, State Form 45562, which matches the foster parent's residency verification; or
- Documentation from approving authority indicating the Foster Family Home License has been renewed or address has been changed; and
- Verification the child is a ward of the State, such as Medical Authorization, State Form 3319, Court Placement Order, current per diem documentation which includes eligible child's name or current documentation from the DCS Caseworker

Foster Child's Identity and Age

The following are appropriate documents to verify an eligible child's identity and age and must be included in the child's file.

- Birth Certificate
- Hospital Issued Certificate of Birth
- Birth Confirmation Letter
- ICES Screen
- Court Record of Adoption, Paternity, or Foster Placement, if date of birth is verified
- Documentation from the verifying agency of a foster child's date of birth
- A completed and notarized Paternity Affidavit, State Form 44780
- Identification Card issued by any government, if date of birth is on the card
- Passport
- Permanent Residency Card
- Hoosier Health or Medicaid Card, if date of birth is on the card
- School Enrollment Record or Identification Card, if date of birth is on the card
- Medical Immunization Record, if date of birth is on the document

By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be request to verify this statement and give my consent to the agency from where I am requesting services to make any necessary contact to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the program.

Child Name

Foster Parent Signature

Date