

**FOSTER FAMILY HOME APPROVAL  
TO PROVIDE A TRANSITIONAL OR INDEPENDENT LIVING PLACEMENT**

This is to certify that \_\_\_\_\_  
Foster Parent(s) Name(s)

residing at \_\_\_\_\_  
Foster Parent(s) Address

in the County of \_\_\_\_\_, State of Alabama, is/are

hereby granted approval to provide a transitional living placement / independent living placement for

\_\_\_\_\_, as a part of the foster family home,  
Youth's Full Name

with the understanding that no additional money will be received as board payment for providing the placement. Furthermore, it is understood that the *Minimum Standards For Foster Family Homes* and requirements provided in *Transitional And Independent Living Program And Placement Requirements* are applicable to the foster parents, their household, and all dwellings used in providing this placement.

\_\_\_\_\_  
Foster Parent's Signature Date

\_\_\_\_\_  
Foster Parent's Signature Date

\_\_\_\_\_  
Worker's Signature Date

\_\_\_\_\_  
Resource Worker's Signature Date

\_\_\_\_\_  
Director's Signature Date

\_\_\_\_\_ County Department of Human Resources