

# COUNTY OF LAKE

COUNTY COMMISSIONERS:  
Kevin D. Malecek Judy Moran Daniel P. Troy

## DEPARTMENT OF JOB AND FAMILY SERVICES

177 MAIN STREET  
PAINESVILLE, OHIO 44077-3402

MATTHEW BATTIATO, Director

PAINESVILLE (440) 350-4000 MADISON (440) 428-4838 FAX (440) 350-4399 CLEVELAND (440) 918-4000 FAX (440) 918-4399



Dear Substitute Care Unit,

This letter is to notify the department of a change in my/our address pursuant to OAC 5101:2-5-30 (B) Foster Care Amendments and OAC 5101:2-7-14 (D) Required Notification which indicates that the recommending agency must be notified at least four (4) weeks prior to a planned move of a foster caregiver.

The following change has occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We understand that a safety audit of my/our new residence using the JFS 01348 "Safety Audit of a Foster Home" must be completed within ten (10) working days after the notification or the change of address is received.

I/We understand that we must obtain a fire safety inspection certifying my/our new residence is free from conditions hazardous to the safety of foster children. The fire safety inspection shall be requested within thirty (30) days and conducted within ninety (90) days of the change of address by a state certified fire safety inspector of the state fire marshal's office.

\_\_\_\_\_  
Foster Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Date