

COUNTY OF LAKE

COUNTY COMMISSIONERS:

Kevin D. Malecek Judy Moran Daniel P. Troy

DEPARTMENT OF JOB AND FAMILY SERVICES

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Dear Substitute Care Unit,

This letter is to notify the department of a change in the occupancy of home according to OAC 5101:2-5-30 (B) Foster Care Amendments and OAC 5101:2-7-14 Required Notification which indicates that the recommending agency must be notified prior to allowing any person to reside for more than two weeks in the foster home.

The following change has occurred: _____

I/We understand that the new occupant must complete a "Medical Statement for Foster Care/Adoptive Applicant and all Household Members" (JFS 01653) within 90 days of becoming a household member.

I/We understand that if the new occupant is 18 years of age or older they are subject to a criminal background check through BCII and the FBI and must complete the background check within ten (10) business days of becoming a household member.

I/We understand that if the new occupant is 18 years of age or older they are subject to a SACWIS children services background check and/or a Central Registry check (if from another state) within ten (10) business days of becoming a house hold member.

Foster Caregiver Signature

Date

Foster Caregiver Signature

Date

Social Worker Signature

Date