

Purpose of form

Form 04AF013E is used to obtain information from behavioral health professionals who have provided services to kinship, foster, or adoptive home applicants.

Instructions

OKDHS or contract representative completes the information on page 1 regarding the applicant and page 3 to inform the behavioral health professional how to contact the representative. The applicant completes 08HI003E, Authorization to Disclose Medical Records, and the representative attaches it to the letter.

Routing

Original - resource record