

COVENANT KIDS AUTHORIZATION TO RELEASE INFORMATION

I (we) _____
Name(s) of Foster/Adoptive Parent Applicants

- have never applied, participated in training, been verified and/or denied verification by any foster care and/or adoption agency.
(If marked, you may stop here).
- have previously applied, participated in training, been verified and/or denied verification by another foster care and/or adoption agency.
*(If marked, complete this form, in full, for **every** agency with which you have previously worked).*

I (we) hereby expressly authorize the release of any and all information in the records of

Agency to Provide Information: _____

Mailing Address: _____

Contact Name: _____ Dates of Association: _____

Phone: _____ Fax or Email: _____

To: Covenant Kids, Inc.
Attn: Family Development Manager
PO Box 173038
Arlington, TX 76003-3038
Email: preservice@covenantkids.org
Fax: 817-516-9102 attn: Family Development Manager
**Email and Fax are preferred methods for receiving information*

Please include the complete foster/adoptive family file including the following information:

- | | |
|--|--|
| Home Study and Any Addendums | Drivers License |
| Application and References | Birth Certificates/Social Security Cards |
| Training Certificates | Floor Plan and Evacuation Route |
| Deficiencies and their Resolutions | Fire Inspection (most recent) |
| Abuse/Neglect/RCCL Investigations | Health Inspection (most recent) |
| RCCL Home Inspections | Marriage Certificate, if applicable |
| Supervisory Visits and Evaluations | Divorce Decrees, if applicable |
| Agency Home Verification | TB Test Results |
| Criminal History/FBI Background Checks | Pet Vaccinations |
| Prior State Central Registry Checks | High School Diplomas |

Foster Parent Signature Date

Foster Parent Signature Date

Agency Representative Signature Date