 ***Circles of Care***

**Request for foster/adopt Family Documentation from all previous agencies.**

# In accordance with Texas State Standard 749.2475, which states that an agency studying a foster/adopt home previously licensed, must request information from all previous agencies the home has been verified with. Circles of Care is requesting that: (agency name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ provide the records on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who was verified/licensed with your agency through the dates of :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is required as per state standard 749.2475:

 Home Study/ addendums

 Supervisory visits/evaluations

 Corrective Action Plans/Developmental Plans

 Pending Investigations/unresolved deficiencies

 Closing Summary/Transfer Summary

 Fire and Health Inspection

As a courtesy, please also release the record in its entirety including:
Pre-Service Training

Required Annual Training

Initial Applications

Education

Marriage/Divorce as applicable

Birth Certificate and Driver’s License

Pet Vacs. As applicable

We, (I):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the release of any and all information in the records of: \_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To**: ***Circles of Care***

 Address **Attention**:

 Phone: Fax:

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Foster/Adopt Parent Signature Date

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

Foste/Adopt Parent Signature Date

If the agency has purged this families records or for other reasons are not able to provide the requested information, please explain below and return this form to Circles of Care, or email response to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within 10 days (749.2475)

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Circles of Care Representative Date