



AUTHORIZATION FOR THE RELEASE OF INFORMATION

Client's Name: _____ Date of Birth: _____

Client's Name: _____ Date of Birth: _____

AGENCY RELEASING INFORMATION:

Name: _____

Address: _____

AGENCY/PERSON RECEIVING INFORMATION:

Name: Focus on Youth, Inc. Address: 8904 Brookside Avenue, West Chester, OH 45069

INFORMATION TO BE RELEASED:

- _____ JFS 1691: Application for Child Placement
- _____ ODJFS 1349: Foster Home Homestudy or ODJFS 1673: Assessment for Child Placement
- _____ JFS 1385: Assessment for Child Placement Updates (as applicable)
- _____ Initial and most current JFS 1673-A: Child Characteristics Checklist
- _____ ODJFS 1200: Fire Inspection
- _____ Pet vaccination documentation (as applicable)
- _____ Any investigations of concerns, rule violations, and/or corrective action plans
- _____ Initial and most current JFS 1653: Medical Statements
- _____ Most recent JFS 1213: Foster Home Certificates
- _____ Training logs since certification, training documentation, and current ITNA
- _____ Most recent CPR and First Aid Cards (as applicable)
- _____ Foster parent evaluations
- _____ Most recent JFS 1681: Applicant Financial Statement and any supporting documentation
- _____ Marriage Certificates and Divorce Decrees (as applicable)
- _____ JFS 1348: Safety Audit of Foster Home
- _____ Child Placement Log for current certification period
- _____ Central registry results
- _____ Records received from PCSA of residence per OAC 5101:2-48-12
- _____ Well water test results (as applicable)
- _____ Five year proof of residency provided during homestudy approval
- _____ Other: Describe in Detail: Open verbal communication to discuss previous services

I give permission for Focus On Youth, INC. to release my records as specified above to Focus on Youth, Inc., for the purpose of initiating a transfer request.

Client Signature (Authorizes release of information)

Date

Client Signature (Authorizes release of information)

Date

