



Release of Information

Complete the following on each applicant/foster parent and adult household member. This form must be submitted with a valid driver's license or state identification card for each applicant/foster parent and adult household member.

Applicant's Name(s): _____

Applicant's Address: _____

Type of Application: ☐ Foster ☐ Foster to Adopt

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

I/We hereby authorize representatives of Focus on Youth, Inc. to release any and all information that may be on file to the Ohio Department of Job and Family Services and the State Automated Child Welfare Information System (SACWIS).

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby authorize representatives of Focus on Youth, Inc. to share confidential information contained in my foster parent file that may include but is not limited to a copy of my homestudy or recertification update, child characteristics checklist, results of background checks, past investigations of concern or rule violations, and medical statement information. This information will be shared with public children service agencies during the referral/respite approval/adoptive matching process to assist county agencies with placement decision making.

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)



I/We hereby certify that I have given Clermont County DJFS permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Hamilton County DJFS permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Butler County Children Services permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Warren County Children Services permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby authorize Focus on Youth, Inc. to make motor vehicle record inquiries as required for the placement of youth in my home. I further understand that some county children services agencies will not permit employees, foster parents, or any other driver associated with the foster parent or agency to transport youth if the driver has 5 points or more on the driver's license.

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby authorize Focus on Youth, Inc. to make an inquiry on the United States Department of Justice Sex Offender Public Website as required for the placement of youth in my home.

AP 1: _____ AP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

This release of information is valid until the agency receives written notification to terminate the release.

Applicant Date

Applicant Date

Adult Household Member Date

Adult Household Member Date

