

**INSTRUCTIONS FOR COMPLETING JFS 01653, MEDICAL STATEMENT FOR
FOSTER CAREGIVER/ADOPTIVE APPLICANT AND ALL HOUSEHOLD MEMBERS**

USING THIS FORM

- This form is used to determine the suitability of an applicant to be a foster caregiver or adoptive home.

SECTION I

- This section is to be completed for each applicant and each household member. Each individual or parent/legal guardian will complete the information and sign the form. No other signatures are necessary for this section.

SECTION II

- This section is only for applicants and not for household members. A physical exam is required and must be completed by a licensed physician, physician assistant, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife.