

VERIFICATION FOR FOSTER PARENTS
EMPLOYMENT/SCHOOL ENROLLMENT

_____ **located at**
 (Employer/Company Name)

_____ (Address) _____ (Phone)

hereby verifies that: _____
 (Foster Parent Name)

Select One	<input type="checkbox"/>	Is enrolled in school full-time (12 credit minimum)
	<input type="checkbox"/>	Is employed full-time (32 hours per week or more)
	<input type="checkbox"/>	Is employed part-time (15-31 hours per week)

_____ **Employer Signature** _____ **Date**

pc: Foster Resource Record