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### WRITTEN APPROVAL FOR SUBSTITUTE CARE

WRITTEN AGENCY APPROVAL MUST BE OBTAINED FOR ANY USE OF SUBSTITUTE CARE WHICH IS USED MORE THAN 8 HOURS PER WEEK. WHEN USING A DAYCARE CENTER/PROVIDER DUE TO EMPLOYMENT, A CONTRACT MUST BE OBTAINED PRIOR TO UTILIZATION OF SERVICES

I, \_\_\_\_\_, am requesting agency approval for substitute care of \_\_\_\_\_.

The substitute caregiver will be \_\_\_\_\_.

They Reside at \_\_\_\_\_.

and the telephone number is \_\_\_\_\_.

I will be utilizing substitute care during the following days and times:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:							

The reason for substitute care is: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Foster Parent signature

\_\_\_\_\_  
Social Worker signature

\_\_\_\_\_  
Supervisor signature