

# Foster Care Reference Check Permission Form

## Applicant Information

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**Applicant Name**

**Address**

**Phone Number**

**Email**

## Reference Details

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**Reference Name**

**Relationship to Applicant**

**Reference Phone Number**

**Reference Email**

## Permission

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By signing below, I authorize the agency to contact the reference named above and obtain information regarding my application to provide foster care.

**Applicant Signature**

**Date**