

___ Initial

___ Re-evaluation



COMMONWEALTH OF PENNSYLVANIA
CERTIFICATE OF APPROVAL
FOR APPROVED FOSTER HOMES AWAITING WRITTEN APPROVAL DOCUMENTATION

This certificate is Granted to: _____
Name of Foster Parent(s)

Address: _____

To Operate a Foster Family Home for: _____
Name of Agency

Foster Family Home Approved for: _____
Type of Foster Care

Foster Family Home Capacity: _____

“An inspection was completed and the foster home meets all approval requirements and is awaiting written documentation.”

This certificate of approval is granted in accordance with Title 55 Pa. Code Chapter 3700 Foster Family Care Agency

Issuance Date: _____

Reason Temporary Approval Issued: _____

This Approval Shall Remain in Effect: From: _____ To: _____

This Certificate of Approval may be revoked at any time for non-compliance with applicable laws and regulations.

Agency Representative

Date of Issuance