

AGENCY LETTERHEAD

[DATE – must be July 1, 2019 or later]

Re: Foster Care Authorization

To Whom It May Concern:

This statement is to introduce [CHILD NAME] who is in the custody of [COUNTY] DFCS and in the care of [AGENCY]. The child has been placed with [FOSTER PARENT], a licensed [AGENCY] foster family whose address is [123 Main Street, Anytown, GA 12345].

This placement was made by [AGENCY], a licensed child placement agency in the State of Georgia. The foster parent(s) is authorized to:

1. seek routine medical treatment as needed, in line with County DFCS policies regarding same;
2. apply for WIC;
3. enroll the child in school; and
4. if no Medicaid card accompanies the child at placement, please note that DFCS has applied for Medicaid and a number will be available in a few days. Any medical expenses incurred will be the responsibility of the County Department of Family and Children Services if not covered by Medicaid. We do request that you provide medical care, if necessary, and bill DFCS through this agency. When the Medicaid number is received, we will forward it to you.

Sincerely,

[AGENCY REPRESENTATIVE NAME, TITLE AND SIGNATURE]