

EMPLOYEE REQUEST FOR ADOPTION AND FOSTER CARE

The statewide Employee Foster Care and Adoption policy requires completion of this form to ensure conflict of interest and ethical issues are addressed in cases where an employee requests to foster or adopt a child in Nevada child welfare custody.

Name: _____ Date: _____

Position: _____ Phone: _____

Office: _____ Supervisor: _____

I am requesting approval to proceed with the homestudy/licensure process for the purpose of:

providing foster care adopting a special needs child

providing flexible family resource care providing contract residential care

Specific child(ren) identified: yes no

If yes: This child(ren) has not been on my caseload nor have I had any professional involvement as an employee with this child(ren) during the last three years.

I understand that this approval would not imply an approval as a foster or adoptive parent or approval of the placement of any specific child(ren).

I have discussed my intention and reviewed the employee foster and adoption policy packet with my supervisor. The packet included the policy, this request form and the placement request form.

Employee Signature _____ Date _____

Recommend to Proceed: Approved Denied

If Denied, please explain: _____

Program Manager _____ Date _____

Recommend to Proceed: Approved Denied

Deputy Administrator _____ Date _____

Recommend to Proceed: Approved Denied

Administrator or Designee _____ Date _____