

TO: Early Learning Resource Center for Region 8
Serving Centre, Juniata, Mifflin, Northumberland, Snyder & Union Counties
2565 Park Center Blvd., Suite #100
State College, PA 16801
Phone: (814) 231-1352
Fax: (814) 238-5480
Email: elrc@elrc8.org

DATE

This letter is to verify that **JAMES DOE (child's name)**, DOB **01/29/2009**, SSN **#123-45-6789**, is a U.S. Citizen, is in foster care of **COUNTY CHILDREN AND YOUTH** agency effective **OCTOBER 17, 2011**. **FOSTER PARENT ONE NAME AND FOSTER PARENT TWO NAME, ADDRESS OF FOSTER FAMILY**, are foster parents for our agency and have had **JAMES DOE** in their care since **OCTOBER 17, 2011**. **FOSTER PARENT ONE** is employed full time by **EMPLOYER** and **FOSTER PARENT TWO** is employed full time by **EMPLOYER**. **FOSTER PARENT ONE AND PARENT TWO NAMES** have permission to use child care for **JAMES DOE** at a STAR 2 or higher designation child care program. **FOSTER PARENT ONE AND FOSTER PARENT TWO NAMES** receive a per diem for **JAMES DOE** in the amount of **\$25.00** per day.

Please feel free to contact ELRC Region 8 if you require additional information.

Caseworker/agency representative name, title and signature

*****please print on agency letterhead that includes phone number*