

SUPPORT TEAM MEMBER CHILDCARE PROVIDER

APPLICANT'S NAME _____

PROVIDER'S NAMES

Name _____

Address _____

City/Zip _____

Phone _____

Email _____

Name _____

Address _____

City/Zip _____

Phone _____

Email _____

1. The intention of having childcare providers is for them to provide regular breaks for your foster/adoptive family and to provide emergency care when needed.
2. As foster/adoptive parents, please check with your agency to understand their requirements for childcare providers for placed children.