

CERTIFICATE OF APPROVAL

(Logo)

(Agency Name) has fully approved

Provider Name:

Residing at (911 Address):

as a Provider

(Resource, Foster, Treatment Foster, Adoptive, Short-Term Foster)

This certificate is issued in accordance with the standards and regulations established by the State Board of Social Services, Virginia Department of Social Services and with the limitations specified by the issuing Virginia child placing agency as follows:

| Maximum # of Children | Gender | Age | Other Specifications |
|-----------------------|--------|-----|----------------------|
| | | | |

This certificate is not transferable and will be in effect from _____ through _____ unless suspended or revoked for non-compliance with standards and regulations or failure to comply with the specifications stated above. It is issued following the child-placing agency's approval of the provider home.

Approved by:

(Signature of child-placing agency representative)

(Title)

Date _____

Approved by:

(Signature of child-placing agency representative)

(Title)

Date _____