State of Rhode Island and Providence Plantations

Rhode Island Department of Children, Youth and Families

Foster Parent Health History Attestation

Being a foster parent is frequently a physically and emotionally demanding job, the Department of Children, Youth and Families is interested in the health of the applicant. This information is typically requested from a Primary Care Physician or medical professional. In order that we may expedite the processing of your application, the Department will the following attestation in lieu of a Health History from a Physician, as a temporary waiver to the regulatory requirement.

_____	_____	_____
Applicant's Name	*Date*	*Support Agency (if applicable)*

_____	_____
Name of Primary Care Physician (PCP)	*PCP Address & Phone Number*

Estimated last date of visit to Primary Care Physician:_____

☐ I do not have a Primary Care Physician.

Have you ever or do you currently experience:					
…chronic disease or illness?		… substance use?		…mental illness?	
☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
If yes to any of the above, please explain:					
Do you consider yourself mentally, physically, emotionally competent to be a foster parent?				☐ Yes	☐ No
If no, please explain:					
Any additional comments:					

_____ _____

Signature *Date*

Please note: By signing this form, you are requesting to receive a temporary waiver to the "Health History Form" regulation, and agree to obtain a full Health History from a physician within six months of this signing. This form does not guarantee licensure as a foster parent or placement of a foster child.

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