



www.KidsCountToo.com
Toll Free: 866-847-5437

Kids Count Too, Inc.

Foster Care & Adoption Agency

1616 E. Wooster St. Unit 3
Bowling Green, Ohio 43402
Phone: 419-354-5437
Fax: 419-352-4882

Changes In Foster Home

Foster Home: _____ Phone Number: _____

Current Address: _____

Please check the box for the appropriate change and complete the required documentation

Address Change: I understand a 4 week notice is required and that I must have a fire inspection completed. The residence must also be inspected and approved by a KCT agency representative.

Date of intention to move: _____

New Address: _____

New Phone Number (if applicable): _____

Change in Marital Status: Date of Marriage: _____ Date of Divorce: _____

Serious Illness/Death in the household:

Name of person ill or deceased: _____

Illness/treatment needed: _____

Date you became aware of the illness/deceased: _____

Occupancy Change: (Including new births and adoptions)

Any individual moving into the household is required to have a medical completed. Any person over the age of 18 is required to have a BCII and FBI check completed.

Name of individual moving in: _____ Anticipated Date: _____

Age and Relationship to family: _____

Name of individual moving out: _____ Anticipated Date: _____

Columbus Branch

1900 Polaris Pkwy, Suite 450 Columbus, Ohio 43240
Phone: 614-944-5770

Cleveland Branch

5005 Rockside Rd. Independence, Ohio 44131
Phone: 216-573-3705

Biological/Adoptive child turned 18 years old and remains in the home:

(Required to have a BCII & FBI records check completed within 10 days of their 18th birthday)

Name of child: _____ Date child turns 18: _____

Criminal offense charge/conviction: Notification to Kids Count Too is required in writing within 24 hours.

Has there been a criminal charge? Yes No

If yes, please explain:

Has there been a criminal conviction? Yes No

If yes, please explain:

Has a child between the ages of 12-18, residing in the home been adjudicated delinquent?

Yes No If yes, please explain:

Failure to comply will result in possible rule violations and/or possible removal of foster child/children.

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____

Date Agency Received Notification: _____