



State of New Jersey  
DEPARTMENT OF CHILDREN AND FAMILIES

RESOURCE PARENT IDENTIFICATION LETTER  
CONFIDENTIAL – For Official Use Only

Child: _____	Date of Birth: _____
DYFS CASE ID #: _____	MEDICAID #: _____

TO WHOM IT MAY CONCERN:

ON \_\_\_\_\_ THE ABOVE NAMED CHILD WAS PLACED IN THE DIVISION OF YOUTH  
*DATE OF PLACEMENT*

AND FAMILY SERVICES APPROVED RESOURCE HOME OF:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THIS RESOURCE PARENT IS AUTHORIZED TO :

- REGISTER THE ABOVE NAMED CHILD IN SCHOOL.
- WORK IN COOPERATION WITH SCHOOL PERSONNEL IN THEIR PROCESS OF DEVELOPING AN APPROPRIATE EDUCATIONAL PROGRAM FOR THE CHILD.
- PROVIDE **VERBAL** CONSENT TO **ROUTINE** MEDICAL/DENTAL/THERAPEUTIC/PHARMACY SERVICES FOR THE CHILD (WITH A VALID MEDICAID CARD). THE PARENT, LEGAL GUARDIAN OR DYFS PROVIDES **WRITTEN** CONSENT FOR ROUTINE MEDICAL CARE.
- PROVIDE VERBAL OR WRITTEN CONSENT TO **EMERGENCY** MEDICAL CARE **ONLY WHEN DYFS CANNOT BE CONTACTED**. THE PARENT, LEGAL GUARDIAN OR DYFS PROVIDES CONSENT FOR EMERGENCY MEDICAL CARE. THE RESOURCE PARENT MAY CONSENT TO EMERGENCY CARE ONLY WHEN IMMEDIATE CONSENT IS ESSENTIAL AND DYFS CANNOT BE CONTACTED WITHIN THE TIME AVAILABLE. DYFS MUST BE NOTIFIED AS SOON AS POSSIBLE.
- OBTAIN OTHER SOCIAL SERVICES AS REQUIRED FOR THE CHILD.

<p align="center"><b>NOTICE</b></p> <p>ANY INDIVIDUAL WHO HAS QUESTIONS ABOUT THE IDENTITY OF THE BEARER OF THIS LETTER OR THE CHILD WHOM HE/SHE REPRESENTS SHOULD CONTACT THE LOCAL DYFS OFFICE.</p>	Case Manager: _____
	Local Phone#: _____ <small>(After hours 877-NJ-ABUSE (877-652-2873) or 800-792-8610; or TTY-TDD 800-835-5510)</small>

Subscribed and sworn to before me this

\_\_\_\_\_  
Local Office Manager/Designee Signature

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Local Office Manager/Designee Name

\_\_\_\_\_  
(Notary Public of New Jersey)

**VALID FOR SIX MONTHS FROM DATE NOTARIZED**