



## AGREEMENT SUPPLEMENT

Legal County \_\_\_\_\_ County of Placement \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ SHINES Resource ID: \_\_\_\_\_

Is this a CPA foster home? \_\_\_\_\_ If yes, list agency name: \_\_\_\_\_

### HOME PLACEMENTS

I have this date \_\_\_\_\_ received into my home \_\_\_\_\_:  
(DATE) (CAREGIVER ADDRESS)

Child Name	Date of Birth	SHINES Case ID

From \_\_\_\_\_ COUNTY  
(DIVISION / AGENCY STAFF)

### HOME EXITS

I have this date \_\_\_\_\_ released from my home \_\_\_\_\_:  
(DATE) (CAREGIVER ADDRESS)

Child Name	Date of Birth	SHINES Case ID

To \_\_\_\_\_ COUNTY  
(DIVISION / AGENCY STAFF)

\_\_\_\_\_  
Primary Caregiver Signature

\_\_\_\_\_  
Secondary Caregiver *(If Applicable)*

\_\_\_\_\_  
Division / Agency Staff Signature