

**CONSENT TO PLACE FOR RESPITE
WHEN A RELATIVE HAS CUSTODY**

CASE NAME/NUMBER _____

CUSTODIAN'S NAME _____

ADDRESS _____

TELEPHONE _____

CHILD'S NAME

DATE OF BIRTH

***I GIVE PERMISSION FOR LCCS TO IDENTIFY AND PLACE THE CHILD(REN) IN MY
CUSTODY IN A FOSTER HOME FOR THE PURPOSE OF RESPITE CARE.***

SIGNATURE

DATE