

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

ROSS E. ARMSTRONG
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
dcfs.nv.gov

TO: FOSTER HOME LICENSING WORKER
FROM: LANDLORD OF FOSTER PARENT APPLICANT
SUBJECT: LANDLORD STATEMENT
DATE: _____

THIS IS TO VERIFY THAT I AM THE LANDLORD OF:

WHO LIVES AT:

I HEREBY GIVE APPROVAL FOR _____ TO DO FOSTER
CARE ON THE ABOVE-MENTIONED PREMISES.

LANDLORD SIGNATURE

ADDITIONAL COMMENTS / OR RESTRICTIONS IF ANY:

