

**Benton County Foster Family Setting**  
**Statement of Intended Use**  
Child Foster Care

License Holder

Name(s): \_\_\_\_\_

- License Category:

	Foster Family Setting
	Foster Residence Setting
	Treatment Foster Care

- The number of foster children our home is license for is \_\_\_\_\_ foster children.
- We will provide foster care to children, age \_\_\_\_\_ through age \_\_\_\_\_.
- The following limitations will affect the placement of children in our home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Our home WILL serve as:

	An emergency shelter home
	A treatment foster care home
	A home for medically fragile children

- The adult to child ratio of 1-to-5 does not need to be maintained when: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***This statement of Intended Use may be modified at any time by the agreement between the licensing agency and the license holder so that it reflects changes that affect the placement of children in the home.***

License Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensors: \_\_\_\_\_ Approval Date: \_\_\_\_\_