

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
CHILD AND FAMILY SERVICES AGENCY  
Family Licensing Division



**Prospective Kinship/Foster/Adoptive Parent  
Employment Verification Form**

*Instruction: Section A of this form is to be completed by the applicant and submitted to his/her employer. The employer is to complete Section B and return to employee or mail the form to Child and Family Services Agency Foster Care Resources Administration within (5) days.*

The following employee has applied to become a kinship/foster/adoptive parent of children who are Wards of the District of Columbia Child and Family Service Agency. We would appreciate you completing this form in order that we may have the benefit of your observations.

**Section A – To Be Completed By Employee:**

1. **Name of Employee:** \_\_\_\_\_

2. **Place of Employment:** \_\_\_\_\_

3. **Address:** \_\_\_\_\_

4. **Position:** \_\_\_\_\_

5. **Gross Salary:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Monthly) (Bi-weekly) (Weekly)

**Length of Employment** \_\_\_\_\_

I, \_\_\_\_\_, hereby consent for my employer to give  
Employee Signature

the following information:

**Section B – To Be Completed By Employer**

1. Employer's Verification:

I verify that the information stated in Section A is  Correct  Incorrect  
with the following changes:

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Honesty and Dependability: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Employer's Name Printed: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please return form to**

Child and Family Services Agency  
Foster Care Resources Administration  
Family Licensing Division  
200 I Street, SE  
Washington, DC 20003  
Room 3658