



**THERAPEUTIC FOSTER CARE**

**PASS REQUEST**

TO BE COMPLETED BY FCS PARENT

Youth \_\_\_\_\_ Pass Dates \_\_\_\_\_

TFC PARENT WILL OBTAIN THE FOLLOWING INFORMATION FROM THE ADULT RESPONSIBLE FOR THE YOUTH WHILE ON PASS.

Adult Responsible: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Address of Destination: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Purpose of Pass \_\_\_\_\_

What activities are planned? \_\_\_\_\_

Will they be supervised? Yes or No (please circle)

Transportation arrangements \_\_\_\_\_

FCS Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**TO BE COMPLETED BY CASEWORKER**

Pass: Approved or Disapproved (please circle) Date \_\_\_\_\_

Comments \_\_\_\_\_

Caseworker Signature \_\_\_\_\_

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**TO BE COMPLETED BY FCS STAFF**

Pass: Approved or Disapproved (please circle)    Date \_\_\_\_\_

Comments \_\_\_\_\_

FCS Staff

Signature \_\_\_\_\_