

Agape Manor Home



Child Placing Agency

Request for Authorization for Trust Walks/ Visits

(Foster Parents must obtain this approval before allowing any trust walks/ visits initiated at Foster Home.)

From: Foster Parent (Name): _____

To: Agape Case Manager: _____

CPS Case worker: _____

Name of Child: _____ **Date of Request:** _____

I hereby request authorization for Trust walks visit for the child in my care. I believe the child is eligible for the trust walk or visits due to the following reasons:

Type	Duration	Frequency	Location/ address	Contact name	Phone # if any

I approve do not approve the above for the following reasons:

Agape Case Manager Date

I approve do not approve the above for the following reasons:

CPS Case worker Date