G.A. FAMILY SERVICES
FOSTER CARE

VERIFICATION OF EMPLOYMENT

To Whom It May Concern:

Mr./Mrs./Ms. _____ SSN _____
Has applied to become a foster parent with GA Family Services, a Division of Lutheran Social Services, and has indicated that he/she is employed by your organization.

Employer Name _____

We would appreciate if you would verify the following:

Date of Employment: From _____ To_____

Position: _____ _____
Title # of hours worked

Verified by: _____ _____
Please print name Title

Signature: _____
Date

Any additional information which would help us in our evaluation of this applicant would be appreciated and held in strict confidence:

_____
_____
_____
_____

****

I hereby give permission for the above employment information to be released

_____
Signature of Prospective Foster Parent Date

5/05