



FOSTER CHILD TRAVEL AUTHORIZATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICE-FOSTER CAR
SFN 1033 (2-2023)

Name of Child		Type of Travel <input type="checkbox"/> In-State Travel <input type="checkbox"/> Out-of-State Travel	
Custodial Agency		Custodial Case Manager	
Name of Family the Foster Child Will be Traveling With			
Family Relationship to the Foster Child <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Coach <input type="checkbox"/> Other (specify):			
Family Telephone Number(s)			
Address		City	State ZIP Code
Explanation of Travel (Location, Dates of Travel, Dates of Return, Purpose of Travel, etc.)			

Custodian has been informed of their travel and authorized child to accompany this family. In case of emergency or need for medial treatment, contact the following:

Name of Contact 1		Telephone Number	
Name of Agency			
Address		City	State ZIP Code
Name of Contact 2		Telephone Number	
Name of Agency			
Address		City	State ZIP Code
Name of Contact 3		Telephone Number	
Name of Agency			
Address		City	State ZIP Code

Signature of Case Manager or Designee		Date of Approval
Printed Name of Signator	Title	