

REQUEST FOR ACCESS TO SOCIAL SECURITY NUMBER FOSTER CHILD(REN)

I, _____
name(s) of foster parent(s)

understand that as a foster parent I may be entitled to access to the Social Security number(s) of

Foster Child Name and Date of Birth

Foster Child Name and Date of Birth

Foster Child Name and Date of Birth

Foster Child Name and Date of Birth

Foster Child Name and Date of Birth

Foster Child Name and Date of Birth

which I hereby request.

I understand that I may use the Social Security number(s) for limited purposes only, including claiming my foster child(ren) as a deduction on my federal income tax return, enrolling my foster child(ren) in camp and/or enrolling my foster child(ren) in school. If I need to use my foster child(ren)'s Social Security number(s) for any other reason than listed above, I agree to contact my caseworker to ascertain if I am able to do so.

I understand that I must keep certain identifying information about foster children and their families confidential. I agree that Social Security numbers should be kept strictly confidential and may not be utilized or disclosed for any other reason without the express written consent of the Guardianship Administrator.

Foster parents who use the foster child(ren)'s social security number for any reason other than listed above place themselves at risk for criminal penalties

I understand that I must keep my foster child(ren)'s Social Security number(s) in a safe place and not disclose the number(s) to anyone who does not have a right to know it.

In consideration of being granted access to my foster child(ren)'s social security number, I agree to indemnify and hold harmless the Illinois Department of Children and Family Services, its officers, employees, agents and assigns from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of use of the social security number than for any other reason stated above.

I affirm that I have read this statement. I understand the limits of Social Security number access and the confidentiality of such information.

Signature of Foster Parent

Signature of Foster Parent

Date

Foster Parent(s) Address:

