National Center for Children and Families
Innovative Family Connections
Foster Parent Licensing

Authorization for Release of Information
Child Support Clearance

(COMAR 07.05.02.18.F6)

I , hereby authorize the State of Maryland Department of Human Resources to release to the National Center for Children and Families any information of child support involvement. The sole purpose of this Child Support Clearance is to verify accurate reporting of financial status for placement of foster children in my home.

Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Signature: _____

Subscribed and affirmed or sworn to me, in my presence, on this _____ day of _____, 20_____.

_____
Signature of Notary Public

_____
State

My commission expires on ___/____/_____

6301 Greentree Road, Bethesda, MD 20817
1438 Rhode Island Ave, NE, Washington, DC 20018
www.nccf-cares.org