

Purpose of form

Form 04AF012E is used to obtain information from mentalhealth professionals who have provided services to a child of the kinship, adoptive, or foster applicant(s)' family.

Instructions

OKDHS or contract representative completes the information regarding the child and applicant(s) on page 1 and page 3 to inform the mental health professional how to contact the representative. The applicant completes Form 08HI003E, Authorization to Disclose Medical Records, and the representative attaches it to the letter.

Routing

Original - resource record