YOUTH & FAMILY SERVICES
2933 Center Street NE
Salem, Oregon 97301
503-362-2225

RAINBOW FAMILY SERVICES
800 Second Street
McMinnville, Oregon 97128
503-472-2240

Date:

Dear Physician,

PATIENT NAME: _____

Your patient (named above) has contracted with our agency to provide Treatment Foster Parent services to children and youth placed with us by the Court. A TFP must provide the basic personal needs of children and youth placed with them, assure the youth are constantly supervised, provide transportation, assure the youth have opportunities for recreation and exercise, and participate as a member of the youth's treatment team.

To assure quality service as well as the health and safety of the youth and TFP, we require a physician provide an annual statement that the TFP have no medical condition which prevents him/her from carrying out the duties described.

Enclosed you will find a form for your signature which also authorizes the release of this information. Please complete the form and return to your patient for delivery to our office – or you may FAX it directly to me.

Thank you for your assistance. If there are inquiries regarding this request, please do not hesitate to contact me at the office.

Sincerely,

Heidi J. Frederick
TFP Certifier
503-472-2240 (McMinnville number)
503-362-2225 X-311 (Salem number)
503-363-6028 (Salem FAX)

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TFP File