Complete this form and return to:
TFC Program Coordinator
Lutheran Child and Family Services of IN/KY
1525 N. Ritter Ave. Indianapolis, IN 46219
OR
Fax to 317-322-4085

RESIDENCY ATTESTATION STATEMENT

As an adult or child living in a household of a potential caregiver of children, I am aware that Lutheran Child & Family Services will be checking law enforcement agencies, the criminal justice system, juvenile court records, and child protection services in all states and counties in which I have resided. My signature affixed below is written verification that the following information is true and complete. This information will be shared with the state and county Departments of Child Services as well as private agencies who are interested in placing a child in my home.

I have lived in the following states (please list all counties in each state as well as your approximate age when residing in each county):

Household Member	***Household Member***	***Household Member***
County/State/Age	County/State/Age	County/State/Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Print/type name	Print/type name	Print/type name
_____	_____	_____
Signature Date (If under 18, parent/guardian signature required)	Signature Date (If under 18, parent/guardian signature required)	Signature Date (If under 18, parent/guardian signature required)