

EGUSD DAIM NTAWV QHIA THAUM MUAJ XWMTXHEEJ CEEV

Ua kislas lub caij nplooj ntoos zeeg_ Ua kislas lub caij ntuj no_____Ua kislas lub caij nplooj ntoos hlav_____

9 10 11 12_____

Qib Kawm Lub Xeem Npe School ID# Hnub Yug

Chaw Nyob Zos Zip _____

Txiv Npe_____ Niam Npe_____ Xovtooj tom tsev _____

Txiv chaw ua haujlwm tus xovtooj_____ Cell Phone_____ E-mail_____

Niam chaw ua haujlwm tus xovtooj_____ Cell Phone_____ E-mail_____

Yog hu tsi tau niamtxiv, tus thib 2 yuav hu rau yog (neighbor/phoojywg/txheeb ze)_____ Xovtooj_____

Kuv yog tus menyuam saum toj koj li niamtxiv tus, txheeb ze, tus muaj cai saibxyuas tus menyuam lossis ua niamqhuav txivqhuav rau tus menyuam (circle ib qhov) Foster Parent Lic. No._____

THOV QHIA SEB KOJ XAV KOM UA LICAS THAUM MUAJ XWMTXHEEJ CEEV (Khij lub npov 1 lossis 2)

1. Thaum muaj xwmtxheej ceev lawm. Niamtxiv tsi nyob rau ntawv, kuv tso cai rau tus sawv cev saibxyuas nyob rau ntawm lub tsev kawm ntawv kom ua li qhov uas nws pom tau tias yuav zoo rau kuv tus menyuam kom tau txais kev pab rau kev khomob lossis mus kho rau tim tsev khomob, uas yog pab thauj mus tibi. Kuv yeej totaub zoo txog qhov no, thiab yeej tso cai rau tus kws khomob uas muaj npe li nram qab no los mus saibxyuas thiab kho kuv tus menyuam li qhov uas nws pom tias yuav tsum tau kho. Yog hais tias tus kws khomob tsi khoom lossis tsi nyob rau ntawv, kuv tso cai rau lwm tus kws khomob lossis ib tus kws khomob phais neeg uas muaj license los mus kho. I xee npe nram qab no thiab yeej pom zoo yuav them txhua yam nqe khomob:

_____ Medical Insurance Company _____ Medical Record # _____ Tus Kws Khomob Npe _____ Kws Khomob Xovtooj

2. Kuv tsi xaiv qhov uas hais li saum toj no thiab kuv xav kom nej ua li no: _____

X _____ X _____
Niam Xee Npe Hnub Txiv Xee Npe Hnub