



## AUTHORIZATION FOR HEALTH CARE - RESOURCE / NON-RESOURCE FAMILY

State Form 54247 (R / 9-10) / CW 3319A

DEPARTMENT OF CHILD SERVICES

As provided for in I.C. 16-36-1-5, permission to authorize emergency and routine health care is hereby granted to

\_\_\_\_\_, resource parent(s) or residential provider of:

NAME OF CHILD	MEDICAID / INSURANCE POLICY NUMBER

a child who is a ward and under the jurisdiction of the \_\_\_\_\_ Court

and under the supervision of the \_\_\_\_\_ Local DCS / Probation Office.

Signature of Local Office Director or Designee or Probation Officer	Date ( <i>month, day, year</i> )
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