



Section 1: Completed by Applicant

Vaega 1. Faatumu e lē o Talosaga

MEDICAL PROVIDER NAME IGOA O LE VAEGA O SAUNIA TAUSIGA FAAFOMA'I	
PHONE NUMBER NUMERA O LE TELEFONI	FAX NUMBER NUMERA O LE FAX
ADDRESS OR NAME AND LOCATION OF MEDICAL OFFICE/PRACTICE/CLINIC TUATUSI PO'O LE IGOA MA LE NOFOAGA O LE OFISA O LE FALEMA'I/PRACTICE/CLINIC	
NAME OF APPLICANT IGOA O LE TAGATA O TALOSAGA	DATE OF BIRTH ASO FANAU

I hereby authorize my medical provider to release my medical history information including, but not limited to, information on the issues I have checked below. This information is required as part of a home study for foster care and/or adoption. This release of information is valid for one year from the date of my signature.

NOTE: Be sure to check each line and sign.

- | | |
|--|---|
| <input type="checkbox"/> mental health | <input type="checkbox"/> sexual and/or physical abuse |
| <input type="checkbox"/> alcohol and drug concerns | <input type="checkbox"/> domestic violence |

Ua ou faatagaina le vaega o saunia o'u tausiga faafoma'i e faamatu'u atu o'u tala'aga faafoma'i e aofia ai, ae lē gata mai i, faamatalaga i faafitauli ua ou faailogaina i lalo. E manaomia le faamatalaga lenei e avea o se vaega o le su'esu'ega mo le tausiga e matua e lē o matua moni ma/poo le vaetamaina.

O le faamatuuina atu o nei faamatalaga e aogā mo na o le tasi le tausiga mai le aso ua ou sainia ai.

MĀTAU: Ia mautinoa ua faailoga laina ta'itasi ma saini.

- | | |
|--|--|
| <input type="checkbox"/> maloloina o le mafaufau | <input type="checkbox"/> faileagaina faaleituaiga/pe faaletino |
| <input type="checkbox"/> popolega tau 'avamalosi ma fualaau faasaina | <input type="checkbox"/> sauāga faaleaiga |

SIGNATURE OF APPLICANT SAINI A LĒ O TALOSAGA	DATE ASO
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Section 2: Completed by LD/CPA Staff

Vaega 2. Faatumu e le Tagata Faigaluega a le LD/CPA

LICENSOR NAME IGOA O LE TAGATA UA LAISENEINA	LICENSING DIVISION OFFICE MAILING ADDRESS AND FAX NUMBER TUATUSI O LE MELI MA LE NUMERA O LE FAX O LE OFISA O LE MATAGALUEGA UA LAISENEINA
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Section 3: Completed by Medical Provider. Return to local Licensing Division office listed in Section 2.

Vaega 3: Faatumu e le Vaega o Saunia Tausiga Faafoma'i. Faafu'i i le ofisa o le Matagaluega ua Laiseneina i le vaipanoa o lisi atu i le Vaega 2.

DATE OF MOST RECENT PHYSICAL EXAMINATION (MUST BE WITHIN 12 MONTHS OF APPLICATION) ASO O LE SU'ESU'EGA FAALETINO PITO LATAMAI (MA E AO ONA FAIA I TOTONU O LE 12 MASINA O LE TALOSGA)	DATE FIRST SEEN BY PROVIDER ASO NA VAAIA MUAMUA AI E LE VAEGA O TAUSIA
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CHRONIC / FREQUENT MEDICAL ISSUES (INCLUDING SIGNIFICANT PAST MEDICAL HISTORY) MA'ITUMAU / FAAFITAU LI TU PU SO'O FAAFOMA'I (AOFIA AI TALAAGA ILOAGA FAAFOMA'I UA TUANA'I)

CURRENT MEDICAL DIAGNOSIS VAAIGA FAAFOMA'I I LE TAIMI NEI		
CURRENT MEDICATIONS: PLEASE STATE THE PURPOSE OF THE MEDICATION, ANTICIPATED SIDE EFFECTS AND CONCERNS IF THE MEDICATION IS NOT TAKEN, AND HOW IT AFFECTS DAILY FUNCTIONING FUALAAU/VAILAAU FAATONUINA I LE TAIMI NEI: FAAMOLEMOLE FAAMATALA MAI LE FUAFUAGA O FUALAAU/VAILAAU FAATONUINA, ÅUGA E ONO TULA'I MAI AI MA POPOLEGA PE AFAI E LÈ FA'AAOGAINA FUALAAU FAATONUINA, MA AUALA E AAFIA AI GAOIOIGA I ASO TAUTASI		
PROGNOSIS TULAGA E ONO O'O IAI LE MA'I		
PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF ADDITIONAL CHILDREN FAAMOLEMOLE FAAMATALA MAI PE FAAPEFEA ONA AAFIA LE TAUSIGA O FANAU FAAOPOOPO ONA O SO'O SE AAFIAGA I TULAGA FAAFOMA'I		
COMMENTS/ IMPRESSIONS: IS THE APPLICANT CAPABLE OF CARING FOR AN ADDITIONAL CHILD OR CHILDREN? FAAPOOPOGA/ VA'AIGA: PE MAFAI E LÈ O TALOSGA ONA TAUSIA SE TAMAITITI PO'O NI TAMAITI FAAOPOOPO?		
SPECIALIST REFERRED TO (IF APPLICABLE) FOMA'I FAAPITOA NA FAASINO ATU IAI (PE A TALAFEAGAI AI)		
FAX NUMBER OF SPECIALIST (IF APPLICABLE) NUMERA O LE FAX O LE FOMA'I FAAPITOA (PE A TALAFEAGAI AI)		
REASON FOR REFERRAL (IF APPLICABLE) MAFUAAGA NA FAASINO ATU IAI (PE A TALAFEAGAI AI)		
MEDICAL PROVIDER SIGNATURE SAINI A LE VAEGA O SAUNIA TAUSIGA FAAFOMA'I		
MEDICAL PROVIDER NAME IGOA O LE VAEGA O SAUNIA TAUSIGA FAAFOMA'I	SIGNATURE SAINI	DATE ASO