STATE OF NEW HAMPSHIRE

Department of Health and Human Services Division for Children, Youth and Families

Form 1723 June 2020

INSURANCE AND SAFETY VERIFICATION

☐ New Applicant ☐ Renewal	
	Date:
IDENTIFYING INFORMATION	
Family Last Name:	Phone Number:
Address:	
Town/City:	C. NIII C. 1
To ensure the Division for Children, Youth and Families that you are in possession of the following insurances and understand the necessity of keeping your living environment safe for the children placed in your care, please complete the following:	
INSURANCE INFORMATION	
Policy Number:	Effective Date:
☐ I have vehicle liability insurance coverage	
Policy Number:	Effective Date:
OAFETY INFORMATION	
SAFETY INFORMATION	
	es not contain firearms or dangerous weapons.
Firearms and ammunition are stored in separate	
I agree to keep all firearms or dangerou foster children.	s weapons in the home stored in a locked container inaccessible to
All the family vehicles have current car inspection	on stickers.
I agree to keep all vehicles in a safe run	ning condition.
I agree that any person transporting fos	ter children will have a valid driver's license.
Name:	Driver's License Number:
Name:	Driver's License Number:
I agree to keep the home heating syste and safe operating condition.	em(s) at the above noted address properly installed, and in a good
	omeowners, renter's, or automobile) expires that I will renew it without 's license, automobile registration, or automobile inspection expires that
Signed:	Date:
Signed:	Date:

PD 20-02 June 2020