

## APPENDICE U

Date

Mr and Mrs.....  
Address



CatholicCare  
ABN 67 561 712 586  
Archdiocese of Sydney  
Out of Home Care Services  
Level 1, 8 Jacobs Street  
Bankstown NSW 2200  
Telephone (02) 8700 3333  
Fax (02) 8700 3390  
www.catholiccare.org

Dear,

I am writing to formally welcome you to CatholicCare's Placement Care and Support Program which is situated in the Out of Home Care Services suite of programs.

As you are aware the Carer Approval Panel considered your application to provide foster care with our agency on the ..... The panel was comprised of the of, .....

The panel's decision was to approve you both as foster parents with our agency to care for ... child/ren aged between 0-18 years matched for .... placed within the Placement Care and Support Program. (See attached memorandum). It is acknowledged that as carers you are open to further discussion regarding the matching for potential placements.

Over time you will become more familiar with the staff, your continuing role as foster carers and your part in the caring team. CatholicCare values ongoing development and training for all staff and carers and there will be opportunities for you to participate in training and seminars.

On approval we ask carers to develop a scrapbook, together with their family, with information and photos about themselves. This is used when introducing a child to a new placement and can include anything significant about you or your lifestyle.

Again, on behalf of the program, I welcome you to CatholicCare and the Placement Care Team. We look forward to a long, productive and enjoyable association with you in working together to provide the best possible care for children.

Yours sincerely;

Tamara O'Sullivan  
Manager, Out of Home Care Services CatholicCare Sydney  
*Temporary Family Care Program ∞ Permanent Family Placement Program ∞ Sibling House Program*  
*Community Placement and Preservation Program ∞ Leaving Care/ After Care Program*  
*Melanie's Disability Placement Program ∞ Family Based Care Program*

**"Caring for Children, Young People and their Families"**

CatholicCare

**OOHC PROGRAMS FORM: Authorised Carer Approval Memo**

Form number: OOHC.045/1

Issued: Jan 2015

Contact: Cluster Manager Families and Community

Ph. (02) 87003333

**Memorandum**

**To:** \_\_\_\_\_ **CC:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Re:** \_\_\_\_\_

This is to confirm that the CatholicCare Foster Care Panel, consisting of ..... met on the ..... and has approved

as authorized foster carers for placement within the Placement Care and Support Team.

The foster care approval is contingent upon any conditions, as listed, in the Authorisation Confirmation Letter.

Tamara O'Sullivan  
Cluster Manager, Out of Home Care and Adoptions  
Families and Community  
CatholicCare Sydney

