



SANITARY SURVEY FOR FOSTER AND ADOPTION HOMES

SECTION I: To Be Completed by the Applicant

Foster ___ Adoption ___ Child ___ Adult ___ (Check appropriate spaces)

NAME(s): _____

ADDRESS: _____

PHONE NUMBERS: Home _____ Work _____ Cell _____

PROPERTY TAX ACCOUNT # _____

- | | | |
|-----------------|--------------------|--------------------|
| 1. WATER SUPPLY | 2. SEWAGE DISPOSAL | 3. REFUSE DISPOSAL |
| Public () | Public () | Public () |
| Private () | Private () | Private () |

No. in family ___ No. of children requested ___ Age(s) _____ No. of adults requested ___

Signature of Applicant _____

PLEASE RETURN THIS FORM TO YOUR CASE WORKER

SECTION II: To Be Completed by the Case Worker

Case Worker's special requests or comments:

NAME OF CASE WORKER: _____

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

PHONE NUMBER: _____

SECTION III: To Be Completed by the Environmental Health Specialist

- | | | |
|------------------------------|-----------|----------|
| 1. WATER SUPPLY APPROVED: | YES _____ | NO _____ |
| 2. SEWAGE DISPOSAL APPROVED: | YES _____ | NO _____ |
| 3. OTHER: | | |

APPLICANT'S PROPERTY HAS MET THIS DEPARTMENT'S REQUIREMENTS:

YES _____ NO _____ DATE _____

Signature of Environmental Health Specialist _____

REMARKS: _____
