

 **TWIN PINES FAMILY SERVICES, LLC**

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Financial Stability Agreement

I/We, _____,

recognize that I/We need to have documentation of a stable source of income in order to become certified as foster parents. I/We acknowledge that I/We (have/do not have) such at this time and wish to proceed with the training process with full understanding that certification will be denied if a reliable source of income is not obtained.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Agency Representative

Date