Reset Form

WATER AGREEMENT

State Form 54612 (R3 / 3-22)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This agreement is to be completed by foster parents or applicants for foster home licensure. This agreement should be completed for initial licensure, annual review, and relicensure of foster homes. The foster parents or applicants and the licensing worker must sign and date the agreement upon completion. The licensing worker will maintain the form with original signatures in the licensing file. A copy will be provided to the foster parents or applicants for their records.

Please check one:

☐ My household is serviced by city water. I will provide proof of service by submitting a copy of my water bill.

☐ I intend to use well water. I understand that state guidelines require water testing by a certified microbiology drinking water laboratory. I agree to arrange and pay for such tests prior to the finalization of my foster home license. I will provide the test results to my licensing worker for placement in the licensing file.

NOTE: The Indiana Department of Health Laboratory meets the state certification requirements for microbiology drinking water testing. For well water testing information, visit the Indiana Department of Health Laboratory webpage for instructions: www.in.gov/isdh/24550.htm. Please contact the Indiana Department of Health Laboratory (E-mail address: containers@isdh.in.gov or Telephone number: 317-921-5874) if you have questions.

NOTE: Standard well water tests include: Bacteriology (total coliform / E. coli) and Nitrate tests. Tests can be ordered electronically through the Indiana Department of Health Laboratory portal: https://eportal.isdh.in.gov/limsnet/waterlogin.aspx.

NOTE: The Indiana Department of Health Laboratory recommends using expedited shipping (USPS Priority Mail, UPS or FedEx) to ensure test samples arrive with the required testing window.

NOTE: For a list of alternative certified microbiology drinking water laboratories located in Indiana: https://www.in.gov/health/laboratories/files/CERTIFIED-IN-STATE-LABS.pdf

☐ I am requesting a variance to use bottled water. I agree to use bottled water for drinking and cooking for any children that are placed in my home. I understand that failure to use bottled water is a violation of the conditions of my foster home license.

Signature of foster parent / applicant 1	Date *(month, day, year)*
Printed name of foster parent / applicant 1	
Signature of foster parent / applicant 2	Date *(month, day, year)*
Printed name of foster parent / applicant 2	
Signature of licensing worker	Date *(month, day, year)*
Printed name of licensing worker	