Life Start Inc.
142 North High Street
Gahanna, OH 43230
Phone: 614 478-5448 Fax: 614 471-6912

Year: _____ _____
Print Client's Name

_____ _____
Foster Parent #1, Print Name and Title Foster Parent #1, Sign and Initial

_____ _____
Foster Parent #2, Print Name and Title Foster Parent #2, Sign and Initial

Date	Documentation Notes-Your entry must fully describe your activities; use as many lines as you need. Your initials are required at the end of each entry.