



# CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

121 South Martin Luther King Blvd  
Las Vegas, Nevada 89106  
(702) 455-7200



## STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_ and I, \_\_\_\_\_ understand the Department's primary concern is to find the best possible home for each child, therefore:

1. **An application for Foster Care, Adoption or ICPC does not guarantee an approval for placement of a child. An approval or denial is based on the suitability of the family for children for whom the Department has responsibility.**
2. **If my/our application is approved, I/we are not guaranteed the placement of a child in my/our home.**
3. **I/we hereby certify the foregoing facts on this application are true and accurate to the best of my/our knowledge. I/we understand that any falsifying of information may result in a denial of this application.**

Signature of applicant #1:

Date:

Signature of applicant #2:

Date: