

| Date:               | 05/08/2023 | _             |           |                        |  |
|---------------------|------------|---------------|-----------|------------------------|--|
| Child's First & Las | t Name:    | PISANI, ALICE |           |                        |  |
| Date of Birth:      | 5/4/2014   | SSN:          | 699590006 | Medicaid #: 9539871166 |  |
| FSFN Person Id:     | 106153372  | FSFN Case Id: | 102159999 |                        |  |
| Placement Date:     | 4/29/2023  | -             |           |                        |  |

To Whom It May Concern:

This letter is to certify that <u>Newman, Victoria /Newman, Michael</u>, foster parent/caregivers(s) of the above named child who resides at <u>14743 DRIFTWATER DR</u>, <u>WINTER GARDEN</u>, <u>FL 347870062</u>, is fully authorized by Embrace Families Community Based Care, Inc., the lead child welfare agency under subcontract with the State of Florida Department of Children and Families, to execute any and all actions necessary for the care, custody and control of the above mentioned child, including consent to ordinary and necessary medical examinations and treatment, access to records, including but not limited to medical, psychological, and psychiatric, and educational, or any action necessary for school enrollment and school activities.

This authorization does not include consent for surgery, general anesthesia, provision of psychotropic medications, or other extraordinary procedures for which a separate court order or informed consent is required by law. Medicaid is available for children placed in out of home care. A delay in Medicaid determination should not result in a delay of the child receiving services. To avoid unnecessary delay, the cost of the service will either be reimbursed retroactively by Medicaid or in the event that the child or service is determined to be Medicaid ineligible reimbursed by Embrace Families Community Based Care with a prior authorization.

If you have questions or require additional information, please contact Embrace Families Community Based Care's Intake & Placement Unit at 321-300-0466. The child's assigned Case Management Agency (CMA), Case Manager (CM) and Supervisor (CMS) are listed below:

| CMA: | OR-OHU                | Unit: 079206-CBCCF-OHU O | Orange                            |  |
|------|-----------------------|--------------------------|-----------------------------------|--|
| CM   | Clark , Tiara Linikia | Phone: 407-688-9650      | Email: tclark2@onehopeunited.org  |  |
| CMS  | Kelly Depeter         | Phone: 321-441-1567      | Email: kdepeter@onehopeunited.org |  |

Sincerely,

Yashira Roman

**Placement Specialist** 

## NOTICE TO CAREGIVERS AND PROVIDERS

This document contains sensitive and confidential information including foster care status, social security numbers, and date of birth. If no longer needed, please dispose of by shredding or other HIPAA compliant document destruction.

| Embrace Families Service Center Locations                        |              |
|--|--------------|
| East Orange: 1900 N. Alafaya Trail, Suite 900, Orlando, FL 32826 | 321-207-8160 |
| West Orange: 5749 Westgate Drive, Suite 201, Orlando, FL 32835   | 321-441-1567 |
| Osceola: 111 E. Monument Avenue, Suite 501, Kissimmee, FL 34741  | 321-442-4887 |
| Seminole: 2921 S. Orlando Drive, Suite 201, Sanford, FL 32773    | 407-688-9650 |





Administrative Support Center 901 N. Lake Destiny Rd., Suite 400 Maitland, FL 32751 *EmbraceFamilies.org* 

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