[Date]

[To: Agency Name/Social Worker Name]
[Agency Address]
[City, State, Zip Code]

RE: Psychiatric Clearance for [Applicant Full Name]

To Whom It May Concern,

I am writing to provide the results of a psychiatric evaluation conducted for [Applicant Full Name] on [Date of Evaluation]. This evaluation was performed to determine the applicant's mental and emotional fitness to serve as a foster parent.

Based on the clinical interview, a review of relevant medical history, and [mention any tests/assessments if applicable], it is my professional opinion that [Applicant Full Name] does not currently exhibit any psychiatric conditions or emotional instabilities that would impair their ability to provide a safe, stable, and nurturing environment for a child in foster care.

The applicant demonstrated [mention specific strengths, e.g., sound judgment, emotional resilience, and a clear understanding of the challenges involved in foster care].

I hereby clear [Applicant Full Name] from a psychiatric standpoint for participation in the foster care program. There are no restrictions or follow-up requirements recommended at this time.

If you require further information, please feel free to contact my office.

Sincerely,

[Signature]
[Printed Name, Credentials]
[Medical License Number]
[Practice Name/Clinic]
[Phone Number]