

Required Documents to be Licensed Foster Family

Date Submitted Document

Application

Foster Parent Profile

Sensitive Issue Questionaire

Copy of Driver's License

Copy of Social Security Card

Criminal History Background Check Request for all household members

14 years and up

Authorization to Release Information, if applicable

Copy of Birth Certificate Copy of Marriage License

Copy of Divorce Decree(s) and Death Certificate(s) for all divorces/deaths

Copy of Auto Insurance

Copy of Homeowner's or renter's insurance

Income Verification

Fingerprinting - FBI - for all household member 14 years old and up

Family Violence Form Signed

Copy of Diploma or Transcript or Take a Competency Test

TB test for each household member

Pet Vaccinations - Rabies

phone Affidavit

Disaster Emergency Plan

School Information - elementary, middle, high school - address and

numbers

Daily Routines - Summer, School, Holiday

Rules, Rewards, Consequences

Pictures of home - Outside - all sides of the home including pools,

whirlpools, ponds, sheds

Floor Plan - including dimensions of each room, label each room, and

Fire Escape Plan

designate smoke detectors and fire extinguisher - fire extinguisher on each level of home - 5 lbs Fire Extinguishers may be inspected for free at

Richardson Fire Equipoment

Training Needed:

PRIDE (Agency)

CPR/First Aid

SIDS/Shaken Baby

https://extensiononline.tamu.edu/secure index.php

PAPH 80/20 (Agency)

Sexual Abuse

Texas Health Steps

http://www.txhealthsteps.com/180-texas-health-steps-overview

Blood borne Pathogens

https://extensiononline.tamu.edu/secure index.php

Psychotropic Medication - DFPS website Psychotropic Medication

Administration Medical Consent - DFPS website Trauma Informed -

DFPS website Anchor Policy & Procedures Transportation

Water Safety

http://www.helpandhope.org/Water Safety/.

Normalcy (Agency)

Peer to Peer (OCOK online)

Other Forms:
Electronic Signature Form signed
Auto Deposit form signed
Child Abuse Statement form signed
Confidentiality Statement form signed
Corporal Punishment form signed

Texas Dept. of Family and Protective Services offers several online classes including Sudden Infant Death Syndrome/SIDS and Shaken Baby Syndrome

- DFPS Trauma Informed Care: http://www.dfps.state.tx.us/training/trauma_informed_care/
- DFPS Reporting Suspected Abuse or Neglect of a Child: http://www.dfps.state.tx.us/training/reporting/
- DFPS Psychotropic Medications: https://www.dfps.state.tx.us/training/psychotropic_medication/
- **DFPS Medical Consent**: https://www.dfps.state.tx.us/child_protection/medical_services/medical-consent-training.asp

Here are directions to access the online classes through TAMU:

- Transportation: Go to the TAMU training home page http://extensiononline.tamu.edu/courses/child_care.php and click on the Transportation Safety button. Choose to take either Part 1 or Part 2.
- SIDS/Shaken Baby/Brain Development: Go to the same link above and click on the button for
 this class. Choose "Brain Development, Sudden Infant Death Syndrome, and Abusive
 Head Trauma: Shaken Baby Syndrome" as this is the only single course on this page that
 satisfies all three requirements. If they choose any other course they will have to complete each
 topic individually, so it's best to take the one online class that covers all three.
- Blood Borne Pathogens/Preventing Infectious Diseases: On the same home page, click on "Child Health and Safety" then scroll down to "Infection Control in Child Care Settings." We were given permission to use this course to satisfy the requirement.

Keep in mind to enroll, complete the class, and print the certificates each parent must sign in with a different email address, as this is the information that is pulled into the certificate. TAMU's system generates a unique number for each certificate that can be accessed again later, so if the certificate is ever misplaced or doesn't print, it can be retrieved with just the number.

For **Water Safety**, DFPS has changed its information to Help and Hope's "Watch Kids Around Water" information page at http://www.helpandhope.org/Water_Safety/. At first glance it looks different than what was on the DFPS page, but the content is the same. This page does not lead to a review and option to print a certificate, so you will want to email us so that a certificate can be generated

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF
COUNTY OF
I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:
 Been convicted of; Pleaded guilty to (whether or not resulting in a conviction); Pleaded nolo contendere or no contest to; Admitted; Had any judgment or order rendered against me (whether by default or otherwise); Entered into any settlement of an action or claim of; Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of; Resigned under threat of termination of employment or volunteerism for; Had a report of child abuse or neglect made and substantiated against me for; or Have any pending criminal charges against me in this or any other jurisdiction for;
Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):
 Any felony; Rape or other sexual assault; Physical, sexual, emotional abuse and/or neglect of a minor; Incest; Exploitation, including sexual, of a minor; Sexual misconduct with a minor; Molestation of a child; Lewdness or indecent exposure; Lewd and lascivious behavior; Obscene or pornographic literature, photographs, or videos; Assault, battery, or any violent offense involving a minor; Endangerment of a child; Any misdemeanor or other offense classification involving a minor or to which a minor was a witness; Unfitness as a parent or custodian; Removing children from a state or concealing children in violation of a court order; Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or, Any type of child abduction. Except the following (list all incidents, locations, description, and date) (if none, write NONE)
The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.
Signed: Date:
Subscribed and sworn to (or affirmed) before me this day of
Signature of notary officer:(seal, if any, of notarial officer)

My commission expires:_



So you're thinking about becoming a Foster Parent?

It is our belief that every child deserves to live in a safe, loving, and stable home that provides the child with basic physical amenities, nurturing, and emotional support. They deserve to have parents who will care for them with dignity in a kind and respectful manner and who will provide them direction to enhance their future success.

In addition, we believe that those who choose to be a parent to foster children deserve to receive training to meet the specific needs of all children in their care and to receive the support needed to parent a child(ren).

Although foster parenting can be demanding, you will not be alone. Our staff of social workers, medical professionals, and placement coordinators will work with you to meet the needs of the individual child or children in your care.

The first step in becoming a Anchor Family Services Foster Parent is understanding all the necessary requirements and costs. Becoming a foster parent is a huge decision, one that affects you and your entire family. Make sure you include your entire family in any discussions related to becoming foster parents to help everyone understand how bringing a child(ren) into your home can have an emotional, financial or quality time impact on your family. Of course, you will also be blessed.

Helping you to understand everything you need to do to make your family and home foster friendly is part of the first step. Enclosed is information regarding all the requirements and potential costs of becoming a foster parent. Once you and your family have made the decision to go forward, contact me office and I will send you the next step in the process; filling out the application and starting to complete the requirements.

If you have any questions regarding the process or requirements, please do not hesitate to contact me at (214)394-3684.

Sincerely,

James Rose

Director of Business Services

Foster children placed with Anchor Family Services may only be placed in homes certified by Anchor Family Services. The process of becoming a foster parent usually takes two to three months.

Anchor Family Services DOES NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RELIGION, COLOR, POLITICAL AFFILIATION, MARITAL STATUS, GENDER IDENTITY, SEXUAL ORIENTATION OR DISABILITIES. All potential foster parents are recruited, screened, trained and evaluated on an equal basis.

CERTIFICATION

Foster parents must meet certain requirements before being certified:

- Successfully Completing 40 hours of Precertification Training.
- Fingerprinting and Background Check.
- CPR and 1st Aid Certifications
- Health Screening and TB Test
- Reference Screening
- Home and Auto Insurance
- Babysitters Information
- Home Inspection
- Review and Signing Various Policies and Procedures

Upon certification, the home will be provided with a Certificate of Certification. The certification must be available to State or County workers who wish to view the certificate.

Once a home is certified by a foster family agency, it is a state regulation that the home cannot accept children from another foster family agency or county.

Certified homes must re-certify each year and must complete all annual requirements. All requirements must be completed prior to the certification date.

DECERTIFICATION

Homes may be decertified for a variety of reasons, but most often because both Anchor Family Services and the foster parents have agreed to the decertification.

If a certified parent decides to voluntarily decertify, they must meet certain conditions to ensure the well being of the child. Anchor Family Services must be notified in writing at least 30 days prior to the removal of the child. This will allow for a suitable home to be located and readied for the child. It is imperative that the transition from one home to another be as smooth as possible.

Occasionally, Anchor Family Services must decertify a home for failure to ensure the safety of children or for the violation of Anchor Family Services or State regulations. Once again, it is important that the transition be as smooth as possible for the welfare of the child.

Whether a family voluntarily decertifies or is required to decertify, all of the children's belongings and records must be provided to the Anchor Family Services when the children are removed.

CAPACITIES IN CERTIFIED HOMES

Homes certified by Anchor Family Services are able to care for one to six children. Families must have the necessary bed space, seats in their vehicle and be able to demonstrate the ability to care for the number of children they wish to be certified for. Any foster family certified for more than three

children must demonstrate that they have the ability and resources to care for the children. New foster families are generally certified for four children.

Families caring for children with special health care needs are only able to have two children placed in their home.

PREPARING A SAFE HOME

DFPS and Anchor Family Services policies require certain conditions in each home that a foster child is placed. The purpose of these requirements is to ensure that the home is safe and able to meet emergency situations. Foster homes and yards must be maintained in an attractive and nurturing condition that is in keeping with other homes in the neighborhood. There are specific regulations for each room in the home.

KITCHEN

- All trash cans must be covered or stored under the sink.
- All knives and sharp objects must be locked with a Tot Lock or key lock. Tot Locks must be the magnetic type. All keys and magnets used to open any locks must be kept separately from the lock and only the foster parents should have access to the keys or magnets.
- All counters, appliances, floors, etc. must be clean and pest free.
- All food in the refrigerator and freezer must be in covered containers to prevent contamination. Aluminum foil cannot be used to cover food.
- All toxins must be locked by a Tot Lock or a key lock.
- There must be a **Type 2A10Bc** fire extinguisher in the kitchen area.
- A lock box is needed for any medications that must be refrigerated.

BATHROOMS

- All toilets and drains must be functioning properly.
- All Toxins must be locked by a Tot Lock or a key lock.
- Shampoos, hair care products, etc. must be inaccessible to children (If in doubt, look at the container. Does it read, "Keep out of reach of children?")
- Medications must be locked by a Tot Lock or a key lock and stored separately from toxins.

BEDROOMS

- There must be at least three feet between beds and only **four** children can be placed in each room (This is also true for biological children).
- Operable light in each room.
- Window that opens and has a screen
- Smoke alarms outside bedroom doors.
- Bunk beds must have a safety rail and a ladder (only children over the age of five are permitted on the top bunk)
- Rooms for foster children should be decorated to the same standard as the other bedrooms in the home and should be age and gender appropriate. Children should be able to add their own personalized items and decorations to the room.

GARBAGE

- All sharp objects and tools inaccessible to children.
- All toxins (paint, thinners, plant foods, etc.) must be locked by a Tot Lock or a key lock.

LAUNDRY ROOM

 All toxins (bleach, laundry soap, stain removers, etc.) must be locked by a Tot Lock or a key lock.

OUTDOORS

- Garbage cans must be covered.
- The yard must be free of debris and trash.
- Gate locks are to be inaccessible to children.
- All toxins should locked by a Tot Lock or a key lock.

MULIT- LEVEL HOMES

 Baby gates must be used at the tops and bottoms of stairs for children under 2 years old.

WATER SAFETY

- Jacuzzi covers must be strong enough to support the weight of an adult.
- Covers must be locked or secured when not in use.
- Covers must be completely removed prior to use of the Jacuzzi.
- Pools must be surrounded by a fence that is at least 60 inches in height and has a maximum vertical clearance from the ground of 2 inches. Gaps in the fence, if any, cannot allow the passage of a sphere equal or greater than 4 inches in diameter.
- The area surrounding the pool must be free of protrusions, cavities or other physical characteristics that could serve as hand holds or footholds that could enable a child to climb over the pool. Pool covers in lieu of fences are not allowed.
- No door or window access to the pool.
- A life buoy and shepherd's hook must be kept in the immediate vicinity of the pool.
- Small kids or wading pools must be emptied immediately after use. Foster children are not allowed to use the pool without constant adult supervision.
- Fountains may contain no more than a ½ inch of standing water.

All foster parents who have pools or take foster children swimming in places where there is not a life guard, must have completed a water safety course and have the ability to swim. These courses are available through the Red Cross, Heart Savers and other community organization.

TEMPERATURES

- The water temperature inside foster family homes must be maintained between 105 Degrees and 120 Degrees Fahrenheit.
- Air temperatures must be maintained between 68 Degrees and 85 Degrees Fahrenheit.
- Refrigerators must be maintained at 41 Degrees or below.

PETS

Documentation of all required vaccinations for pets in the home will be required prior to certification.

INSURANCE

Foster families are required to have homeowner's or renter's insurance. Anchor Family Services foster parents are financially responsible for any and all damage to their home caused by any foster child. Terra Manor Inc. does not cover any said damages.

DISASTER PLANS

Per Texas Law, each certified foster family must create and maintain a disaster plan. These plans enable the foster home to handle any emergency which may arise and to protect the safety and well-being of each foster child. The plan, and implementation of the plan, must include the following:

- A First Aid Kit and a copy of a current First Aid Manual.
- Current and valid First Aid and CPR Certification Card.
- An Emergency Care and Disaster Plan, which shall be posted in the home. A copy of the plan must be provided to Anchor Family Services The disaster plan will include the following:
 - Contingency plan for action in the event of fire, floods, and earthquakes, including exit. plans, transportation arrangements, relocation sites, supervision of foster children in their care, means of contacting local agencies, including law enforcement, the fire department, and civil defense and other disaster authorities.
 - Notification to the foster children of their duties and responsibilities under the plan.
- Every six months and with each new placement, the foster family home must conduct an emergency drill. Upon completion of the drill, the foster family will notify their assigned Anchor Family Services in writing that the drill was completed, the date of the completion, and the results of the drill, including any modifications identified to improve their Disaster Plan.
- Foster families will post a list of emergency numbers in the home or will have such list readily available. The numbers shall include:
 - o Police Department
 - Fire Department
 - o Poison Control Center
 - Hospital
 - o Physicians for all the foster children in their care
 - The assigned Anchor Family Services
 - The Anchor Family Services Office

NOTIFICATION OF DISASTER OR EMERGENCY

In the event of a disaster, the foster parents are required to report the emergency to the appropriate agency and then immediately notify their assigned Anchor Family Services FCSW. In addition, the foster parent will notify the child's CSW of the whereabouts and condition of the child.

FIRST AID

In addition to First Aid and CPR certifications, DFPS and Anchor Family Services require all foster homes to have an appropriate First Aid Kit.

The first aid kit should contain at least the following and no medications:

- A current edition of a first aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.
- Sterile First Aid Dressings
- Bandages or Roller Bandages
- Adhesive Tape
- Scissors
- Tweezers and Thermometer

SMOKING AND ALCOHOL USE

Foster parents (and others in the home) are not allowed to smoke in the foster home. An area outside the home can be designated as the smoking area. Foster parents may keep alcohol in the home, but it needs to be inaccessible to the foster children. Foster children are never allowed to smoke or drink.

ON-GOING TRAINING FOR FOSTER PARENTS

All Foster Parents are required by Texas regulations to attend **30** hours of training annually:



APPLICATION FOR FOSTER HOME VERIFICATION

I/We am/are interested in family foster home certification **Identifying Information** Section I: (Please submit a copy of your driver's license and social security card with this application as verification.) Parent#1 Parent #2 Name of Parent (Last, First, Mi, Original) Name of Parent (Last, First, Mi, Original) Social Security Number Social Security Number Date of Birth: AGE: Date of Birth: AGE: Home Phone: Home Phone:_____ Work Phone:_____ Work Phone:_____ Cell Phone: Cell Phone: Emergency Number:_____ Emergency Number:_____ Email Address: _____ Email Address: _____ Marital Status (check one) Marital Status (check one) ___Married (date)____ ____Married (date)_____ Place of Marriage:_____ Place of Marriage:_____ ___Single ____Widowed ___Single ___Widowed ____Divorced ____Separated ____Divorced ____Separated ____Previously Married (check one) ____Previously Married (check one) ___ Yes ___No ____ Yes ____No H.S. Diploma or GED: ____ (provide copy) H.S. Diploma or GED: ____ (provide copy) Yes No Has either parent lived out of Texas in the past 10 years? *** TEXAS REQUIRES YOUR ADDRESS/RESIDENCE INFORMATION FOR THE LAST 10 YEARS*** **Current Street Address:** Dates of residence at this address: From _____ To ____ Zip Code: City: State: County:

Previous Street Address:		Dates of residence at this address: From To			
City:	State:		Zip Code: County:		
Street Address Prior to Address A	Above:		sidence at this ad		
City:	State:	Zip Code:		County:	
Street Address Prior to Address A	Above:		sidence at this ad		
City:	State:	Zip Code:		County:	
		everyone in your hor			Deletion de la te
Name	Race	Birth Date/Age & Highest Grade Completed	Birth Place	Sex	Relationship to Applicant(s)
ection III: Comfort	Zones Please ch	neck as many as apply	within each categ	jory.	
lumber of Children _One Child _Two Children _Three Children _Four Children _Five Children evised 3/8/10, 3/27/12 aj	Sex of Child Male Female	Age of Child0-2 Years3-5 Years6-9 Years10-12 Years13-15 Years	Biracia Biracia Hispanic	n American	

Other		16-18 YearsAmerican Indian Any Race					
Moderate/		Physical CharacteristicsNo Physical ImpairmentModerate ImpairmentSevere Impairment	_	notional Functi _No Emotional P _Moderate Probl Problems	roblems		
Please Mark	the characteristics.	/behaviors you feel you could h	nandle in yo	ur home.			
Destructiv Hurts Anin Stealing Truancy Problems	uctive behavior e to objects nals at school sexual abuse g garettes o violence	LyingProfanityTalking backArgumentativeWithdrawnDefiantPoor self-imageSeductiveSexual perpetratorStool smearingUses drugsOppositional Defian			ndent sts ay (history food opetite y active y acts out	98	
Has weeklTakes medHas beenParent hasParent hasRelative has	y therapy	Di Ha iitution a mental illness stitution			S		
Additional Cha	nracteristic Interests or	Preferences or other Consideration	ns:				
Section IV:	Current Employm	nent and Financial Information					
Section 1V.	Employer	Address <u>and</u> Phone Number	Position	Work Hours	How	Annual	
Parent #1	. ,				Long?	Salary	
Parent #2							
Parent #1:	May we contact you	ır employer? Yes N	lo		<u> </u>		

Parent #2: May w	ve contact your employer?	_ Yes No	
If applicant(s) work ou	utside of home, describe what the chil	dcare arrangements are or wh	nat they will be:
		_	
Please provide the foll tax return.	owing information (estimate) and atta	ch a copy of your most recent	t pay stub, bank statement or
	MONTHL	Y INCOME:	
	Foster Parent #1's pay:		
	Foster Parent #2's pay:		
	Investments:		
	Rental Property:		
	Pensions:		
	Social Security:		
	Alimony:		
	Child Support:		
	Other Income (please specify):		
	Monthly Total:		
	MONTHLY	'EXPENSES:	<u> </u>
	Rent or Mortgage:		
	Utilities (gas, electric, cable, phone, etc):		
	Insurance (auto,		
	home, life, etc) Food:		
	Clothing:		
	Auto (gas and		
	maintenance): Child Care:		
	Health (uninsured expenses):		
	Debt Payments (credit cards, automobile.		

etc):

		Gifts, tithings, charities:			
		Other (please specify): Monthly Total:			
After a	III expenses are paid	, how much does the family	have left for the montl	n?	
Section	on V: Ex	perience with Children			
A.	Have you been or a	are you currently certified/l _ No	icensed as a family fost	er home in this s	tate or any other state?
If yes,	please explain:				
В.	Have you ever app	lied for adoption in this sta	te or any other state?	Yes	No
If yes,	please explain:				
C.	Describe your expe	erience with children other t	than your own		
Section	on VI: Ba	ackground Check			
A.	Do you have a crin	ninal record?			
	Parent #1	☐ Yes ☐ No	Parent #2	☐ Yes ☐N	0
If yes,	please indicate whic	ch parent(s), the city and st	ate of record, and the r	nature of the con	viction.
В.	Does any adult me Yes No	mber of the household other	er than parent #1 or #2	2 have a criminal	record?
If yes,	please indicate whic	ch member, the city and sta	ite of record, and the na	ature of the conv	iction.

Sectio	n VII: Home
A.	Check all boxes that apply to your living arrangements:
	Do you: Own Rent Apartment Mobile Home House
	Other living arrangements (specify):
B.	Do you have any pets?NO
	If so, list their names, type of animal: Name Type of Animal
Texas r	requires all household pets to be vaccinated regularly. Anchor will need copies of your pets' most recent ations.
B.	Is your water supply (check one): City Other (specify):
C.	Do you have a trampoline in your yard?YESNO *Trampolines are no longer allowed in the yards of foster homes.
D.	Do you have a swimming pool and/or hot tub in your yard?YESNO
know rescue	ase note that pools/hot tubs must be fenced with a secured lock in the interest of safety. You must how to swim, and have documentation that indicates you are able to carry out an emergency water if necessary.
E.	Please check if you have any of the following in your home:
	☐ Cigarettes/Tobacco products ☐ Guns/Ammunition ☐ Projectiles (darts/arrows, etc.) ☐ Explosive materials ☐ Hatchets/Saws/Axes ☐ Hatchets/Saws/Axes
:	Smoking is not permitted indoors in foster homes or in vehicles when children are being transported. Smoking must only occur outdoors. Guns/ammunition must be stored locked, and separate from one another. Weapons/hatchets/saws/explosive materials are all required to be reported to the agency and to be stored in locked storage, inaccessible to foster children.
Sectio	n VIII: Financial Information
Α.	What are your sources of income, other than employment as listed on pg. 3?
B.	What is your approximate annual income of the total household, regardless of source?

Reference #1:		D I "		
Name:			:	
Address:				
City/State/Zip:				
Reference #2:				
Name:		Phone #	:	
City/State/Zip:				
Reference #3:				
		Phone #		
Name:			:	
City/State/Zip:				
City/State/Zip				
Employer Reference				
Name:		Phone #	:	
Address:				
City/State/Zip:				
**DI EASE DE DDEDADED T	O DDOVIDE HE WITL	L A CODY OF VOI	JR DRIVER'S LICENSE, DIPLOMA	OD CED
			ND CHECKS CAN BE OBTAINED.	OR GED
CERTIFICATE AN	D AUTO INSURANCE	2 30 BACKGROUI	ND CHECKS CAN BE OBTAINED.	
Section X: Adult 0	Children Living Away	From Your Hom	e	
	, , , , , , , , , , , , , , , , , , ,			
Please write the names and add	resses for each adult ch	hild. The State of	Texas requires that all adult children b	oe .
contacted as references. Use ac			·	
Adult Child #1				
	Sex:		A	
Name:	Sex:		Age:	
Address				
Telephone #:				
Highest Grade Completed:				
Adult Child #2				
Name:	Sex:		Age:	
Address				
City, State, ZIP				
Telephone #:				
Highest Grade Completed:				
Adult Child #3				
Addit Gillia # 3				
Name:	Sex:		Age:	
	Sex:		Age:	
Name: Address	Sex:		Age:	
Name: Address City, State, ZIP	Sex:		Age:	
Name: Address City, State, ZIP Telephone #:	Sex:		Age:	
Name: Address City, State, ZIP Telephone #: Highest Grade Completed:	Sex:		Age:	
Name: Address City, State, ZIP Telephone #: Highest Grade Completed: Adult Child #4				
Name: Address City, State, ZIP Telephone #: Highest Grade Completed: Adult Child #4 Name:	Sex:		Age:	
Name: Address City, State, ZIP Telephone #: Highest Grade Completed: Adult Child #4 Name: Address				
Name: Address City, State, ZIP Telephone #: Highest Grade Completed: Adult Child #4 Name:				

Highest Grade Completed:

Adult Child #5		
Name:	Sex:	Age:
Address		
City, State, ZIP		
Telephone #:		
Highest Grade Completed:		

Section XI: Statement of Understanding

I/We understand that this is an application only and additional documents will be required. This will include: health statement, criminal record check, fire and health inspections, home study and references. Additional documentation may be required.

I/We agree to complete orientation and training as required by the agency.

This application does not represent a final commitment on either side. Any placement of a child will be my/our mutual agreement with the agency.

I/We certify that the information contained in this application is accurate and complete to the best of my/our knowledge.

I/We understand if the application is not completed the agency will not be able to proceed.

I/We understand that providing materially false information will prevent the agency from considering my/our home for placement of a child and may be grounds for revocation of a family foster home certificate.

If there is any significant change affecting health, marital status, residence, family composition or employment, I/we will notify the agency promptly.

I/we give permission to the agency to contact any references or association for information regarding any work or involvement with the care and supervision of a child which I/we may have done.

I/we certify that I/we have been given the rules and/or policies governing the certification of family foster homes.

Section XII: Signatures

Print Parent Name	Signature	Date

How	were yo	ou referred	to our a	agency? I	f it was k	by newspaper,	please li	ist which on	e:	
	•						•			

Thank you!



FOSTER PARENT AGREEMENT

and Anchor Family Services agree to the following:

Anchor Family Services staff member and the foster parents will sign a copy of the Foster Parent Agreement upon certification. A copy of the signed Foster Parent Agreement will be provided to the foster parents, maintained in the foster family's record, and maintained within Anchor Family Services's administrative office. The Foster Parent Agreement includes, but is not limited to, the following rights and responsibilities of foster parents and Anchor Family Services.

Foster Parents' Rights

All foster parents have the right to:

- 1. be treated with dignity, respect, and consideration as a team member who is making an important contribution to Anchor Family Services's goals and objectives;
- 2. a clear understanding of the role of a foster parent, the role of Anchor Family Services, and the roles of the members of the child's family (if applicable);
- 3. the continuation of one's own family patterns and routines;
- 4. pertinent training and support in all efforts to improve one's skills in providing day-to-day care and support for the special needs of the child in care;
- 5. know how to contact Anchor Family Services and receive help, 24 hours a day, 7 days a week;
- 6. timely and adequate financial reimbursement for children in care (if applicable);
- 7. view all legally available information placed in the foster family's record with Anchor Family Services staff immediately upon placement of the information in the record;
- 8. be provided all pertinent information and review a child's record as it pertains to the child both prior to placement and on an ongoing basis (information shared with the foster family after a placement is terminated is contingent upon the legally responsible party's permission);
- 9. assist in determining the appropriateness of placement;
- 10. decline a placement or to have a child moved when absolutely necessary, without reprisal (unless there is a specific agreement with Anchor Family Services that indicates otherwise);
- 11. ask for "a break" or "time off" (as needed and if applicable);
- 12. To have annual arrangements made for 72 hours of overnight care/respite;
- 13. be considered first when issues of health and/or safety occur;
- 14. a clear understanding of Anchor Family Services's plans regarding placement of children in the foster home:

- 15. be notified of meetings in order to actively participate in the case planning and decision-making process regarding the child in care and to have input treated in the same manner as information presented by the other members of the Anchor Family Services's team;
- 16. reasonable notification of changes in the plan of service or termination of the placement and the reasons for the changes (if applicable);
- 17. review all applicable licensing and contracting rules, compliance status reports, and Anchor Family Services's policies and procedures; and
- 18. file a grievance if any of the above rights have been violated or denied or appeal any Anchor Family Services's decision made about the foster home without being retaliated against in any way.

Anchor Family Services's Rights

Anchor Family Services has a right to:

- 1. make decisions about the placement of children based on the best interest of the child in consideration;
- 2. remove a child at any time if for any reason Anchor Family Services, in its sole and absolute discretion, believes that removal would be in the best interest of the child;
- 3. supervise the foster home and make announced as well as unannounced visits;
- 4. make decisions about the licensure of the foster home (including rescinding a license, placing a home on a corrective action plan, or other actions related to ensuring that the foster home complies with minimum standards and provide for the care of the children in the foster home); and
- 5. be informed about the whereabouts of all children at all times.

Foster Parents' Responsibilities

Foster parents are responsible for:

- 1. helping children understand the plan for permanency;
- 2. helping children manage their loss, maintain connections, and make new, permanent attachments;
- 3. helping children cope with change and transition;
- 4. following through on all aspects of the Service Plan as agreed upon with Anchor Family Services staff;
- 5. keeping Anchor Family Services staff current on all information relating to the child (including any new needs of the child);
- 6. informing Anchor Family Services staff immediately of any injury to a child requiring medical attention, any serious incident involving a child, including abuse/neglect, runaways, and harm to self or others;
- 7. immediately reporting to Anchor Family Services staff all foster family events that may impact the provision of foster care to any/all of the foster children in their home;
- 8. keeping all child, family, and agency information confidential;
- 9. participating in all required training to keep the home license current (refer to training policies);
- 10. allowing both announced and unannounced visits by any employee or subcontractor of Anchor Family Services;
- 11. supervising (or ensuring the appropriate and approved supervision of) each child placed in the home at all times and in accordance with Anchor Family Services's policies and procedures as they relate to supervised and unsupervised activities;
- 12. not admitting a non-relative child for 24-hour care from any source other than Anchor Family Services;
- 13. not discharging a child to anyone without Anchor Family Services's knowledge and consent;
- 14. maintaining compliance with all applicable minimum standards and any additional requirements in Anchor Family Services's policies and procedures including child care, discipline, supervision of children, reporting, and children's visits or trips away from the foster home;
- 15. contacting Anchor Family Services regarding any requests for contact or visits with a child's biological parents, other family members, and/or any significant others/friends outside of the foster home context;

- 16. providing notification to Anchor Family Services regarding any overnight visits/activities away from the home (out-of-state visits/activities must be approved in writing by Anchor Family Services no less than two (2) weeks prior to the date on which the visit/activity is scheduled);
- 17. transporting the children in their care to appointments and/visits including, but not limited to: family/sibling visits; court dates; healthcare services appointments; behavioral health appointments; school appointments; extracurricular activities;
- 18. for encouraging children to participate in age appropriate childhood activities (including unsupervised as much as possible)
- 19. supporting having normal interactions and experiences within the foster family and participating in foster family activities
- 20. Unless otherwise prohibited, the foster parents should make decisions regarding a foster child's participation in childhood activities, whether supervised or unsupervised. The decision should be made as any other reasonable and prudent parent would make the same decision for a child of similar chronological and developmental age with similar needs and abilities. The service plan may not require the prior approval of the parent/legal guardian before the foster/adopt parent may consent to a child's participation in childhood activities.
- 21. If a parent/legal guardian provides notice in advance that the child is prohibited from participating in a specific activity, the foster/adopt parent must follow the parent/legal guardian's decision.
- 22. Foster parents use the reasonable and prudent parent standard means the standard of care that a parent of reasonable judgment, skill and caution would use to maintain the health, safety, and best interest of the child and encourage the emotional and social growth and development of the child.
- 23. When using the reasonable and prudent parent standard all foster/adopt parents must take into consideration the following when deciding whether a child may participate in normal childhood activities:
 - the child's age and level of maturity;
 - the child's cognitive, social, emotional, and physical development level;
 - the child's behavioral history and ability to safely participate in a proposed activity;
 - the child's overall abilities:
 - whether the activity is a normal childhood activity for a child of that age and maturity level;
 - the child's desires;
 - the surrounding circumstance, hazards, and risks of the activity;
 - outside supervision of the activity, if available, and appropriate;
 - the supervision instructions in the child's service plan; and
 - the importance of providing the child with the most normal family-like living experience possible.
- 24. submitting the following reports to Anchor Family Services on a monthly basis:
 - Progress Logs;
 - Daily Routines / Menus;
 - Therapeutic Recreation Logs;
 - Medication Logs; and
 - other information as requested by Anchor Family Services including, but not limited to: educational progress reports, medical/dental reports, incident reports, etc.
- 25. reading, accepting, and abiding by all requirements, terms, and conditions imposed on subcontractors by the "*Residential Childcare Contract*" (see attached) which controls in the event of any conflict with this agreement; and
- 26. Abiding by all **Anchor Family Services** policies and procedures as well as <u>The Minimum Standards</u> for <u>Child-Placing Agencies</u> of the Texas Department of Family and Protective Services.

Anchor Family Services's Responsibilities

Anchor Family Services is responsible for:

- 1. giving foster parents as much notice as possible about potential placements, including all available information about the child;
- 2. providing the prospective foster family with sufficient time and privacy to make a decision about accepting a placement;
- 3. actively involving the foster parents in all planning and providing adequate time for the foster family to assist the child in preparation for the placement;
- 4. service planning and, at the time of placement, sharing all information relating to the child's needs and plans for care with the foster parents;
- 5. involving the foster parents in the development and review (if applicable) of all Service Plans;
- 6. providing on-going supervision of the foster home;
- 7. assisting foster parents in identifying training that will enhance the foster parents' ability to meet the needs of children placed in their home;
- 8. ensuring that foster families are fully informed of all requirements in minimum standards and Anchor Family Services's policies and procedures;
- 9. being available and on call to foster parents 24 hours a day, seven days a week for information regarding routine questions, unusual circumstances, emergencies, and serious incidents;
- 10. providing foster families with information regarding support groups, in-house training, counseling, and any other services available to them;
- 11. providing the foster parents with the financial agreement between Anchor Family Services and the foster home;
- 12. consenting to any discharge of a child from the home;
- 13. providing foster parents with support, training, and oversight in order to ensure the foster parents are in compliance, as applicable, with all DFPS Minimum Standards and Anchor Family Services's policies and procedures;
- 14. arranging all visits by the child's parents or relatives.

Foster parents and Anchor Family Services have the responsibility to communicate with each other in a timely and effective manner. Communication can and should occur in person, by phone, and/or by e-mail. Anchor Family Services will provide on-call phone numbers that are available to all foster parents in case communication is required after business hours. The Case Managers can be reached by phone during office hours, 8:00 a.m. to 5:00 p.m., Monday through Friday. Per this policy Agency staff will be available 24/7 to handle emergency or crisis situations and to support the needs of the foster family and children of all levels of care including those children who are receiving treatment services.

Anchor Family Services Case Managers can be reached by phone during office hours, 8:00 a.m. to 5:00 p.m., Monday through Friday. The Number is . If a family's Case Manager is not available, the person should ask to speak with their supervisor (CPMS) or the LCPAA/Program Director if the CPMS is not available.

On- Call: After 5:00 p.m. on weekdays and on weekends, from 5:00 p.m. until 8:00 a.m. Monday, Anchor Family Services has an on-call system to handle emergency calls. All Anchor Family Services staff are informed of Anchor Family Services's emergency policies and procedures. The families are encouraged to call the on call number if an emergency occurs. Additionally, the families are also provided with all cell phone numbers including the cell phone numbers for the emergency coordinators as listed on the Agency's Disaster and Emergency Plan.

website which is: www.txabusehotline.org. and **Anchor Family Services** agree to the following: 1. _____ agree(s) to provide foster care services, including, but not limited to daily care and treatment, room and board, local transportation, clothing and other necessities for each child placed in the care of . Anchor Family Services will pay to a fee based on the following rates: DFPS placed Children Basic \$27.07/diem/child Moderate: \$47.37/diem/child Specialized: \$57.86/diem/child Other: /diem/child OCOK placed Children Standard: \$27.07/diem/child Therapeutic I: \$57.86/diem/child Therapeutic II: \$57.86/diem/child Other: ____/diem/child The fee shall be paid to ______ by Anchor Family Services on the twentieth day of each month during the term of this Agreement. 2. **Anchor Family Services** reserves the right to remove a child from at any time if for any reason Anchor Family Services, in its sole and absolute discretion, believes that removal would be in the best interest of the child. 4. _____ may terminate this Agreement by giving a thirty (30) days written notice to **Anchor** Family Services. Anchor Family Services may terminate this Agreement at any time by giving written notice to ______. 5. It is agreed and understood that _____ shall not be deemed to be an employee of **Anchor** Family Services for any purpose whatsoever. 6. _____ shall have no right to transfer or assign its interest in this Agreement. agrees and acknowledges that I/we have not been contacted by any of Anchor Family Services Staff, volunteers, subcontractors, authorized agents, or any affiliated agencies for the purpose of recruitment and/or transfer to Anchor Family Services and agrees and acknowledges to not contact any potential currently verified families to transfer to Anchor Family Services at any time. 8. If any provision of this Agreement shall be held to be invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remaining provisions shall in no way be affected or impaired thereby.

All foster parents are provided with the statewide emergency number: 800-252-5400 and the DFPS

This agreement is in effect from the date signed (below) until c parties or until terminated as indicated above. In agreement with all	
Printed Name of Foster Parent	
Foster Parent Signature	Date
Printed Name of Foster Parent	
Foster Parent Signature	Date
Anchor Family Services Representative Signature/Title	Date



PARENT PROFILE

MY FAMILY HISTORY

Name	Relationship	Age Range

TOIIO	en you were growing up, what were ways for members of your family to show the wing feelings:
A.	Happiness
В.	Love/Affection
<i>C</i> .	Anger
D.	Disappointment
E.	Frustration
F.	Sadness/Depression
G.	Stress
—— How	old were you when you left home?
How A.	old were you when you left home?
A.	Why did you leave?

3.

6.	List any current and previous marital and/or significant intimate relationships in
	sequential order, most current to earliest.

Marriage or Significant Relationship	Name of Spouse or Significant Person	Date of Marriage or Beginning of Relationship	Date Marriage or Relationship Ended	Reason Marriage or Relationship Ended
1				
2				
3				
4				
5				

7. Please list any children you have. If this is not applicable to you indicate so here_____

Name	Age	This Child Corresponds to which Relationship in Question 6	Where they live & with whom	Relationship to you (birth child, stepchild, adopted, not legally related)	Visitation Schedule (if applicable)

8.	Identify your emotions about the ending of your marriage/relationship(s) and describe how you handled those emotions.

How o	did you meet your spouse or the person with whom you are living?
How I	ong have you:
A.	Known each other?
В.	Been married?
С.	Been living together?
	do you think was the main reason you married or entered into a relationship werson and the main reason why you have stayed together?
	do you like the most about your spouse or partner? What do you think your s tner likes most about you?
	would you most like to change about your husband or partner? What do you t spouse or partner would like to have you change?

What	do you least like about being married and/or living with someone?
What	would make you want or consider a divorce or an ending of the relationship?
	was the biggest disappointment or loss you have had in your life and how did you vith it?
	MY SCHOOL AND WORK HISTORY
	any grades did you complete in school (junior high, high school, college, graduate)?
A .	If you did not complete high school, what were the reasons?
	If you have attended college, what was your field of study and what degree did you
How in	nportant will grades and school performance be for the child placed in your home?_
What	are your school expectations for a child placed in your home?

ces you have rked	Job Title	Length of Stay	Reason for Leavi
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		Ent might affect your wo	
MY INTEREST	TS IN AND EXPECT	TATIONS OF FOST	ER PARENTING
MY INTEREST	TS IN AND EXPECT		ER PARENTING
MY INTEREST	TS IN AND EXPECT	FATIONS OF FOST	ER PARENTING
MY INTEREST What made you t	TS IN AND EXPECT hink about becoming a feen in foster care?	FATIONS OF FOST	ER PARENTING e?
MY INTEREST What made you t Have you ever be Do you know anyo	TS IN AND EXPECT whink about becoming a feen in foster care?	FATIONS OF FOST Foster parent at this time Were you add ter care or adopted?	ER PARENTING e? opted?
MY INTEREST What made you t Have you ever be Do you know anyo	TS IN AND EXPECT whink about becoming a feen in foster care?	FATIONS OF FOST Foster parent at this time Were you add	ER PARENTING e? opted?

Are you planning to have a child or children by birth in the future?

If no, please explain:

4.

А. В. С.	What do you think you will like most? What do you think you will like least? What do you think others in your family will like most and least about having a ne
<i>C</i> .	What do you think others in your family will like most and least about having a ne
	child in your home?
If you	u have parenting experience, what have you enjoyed most about being a parent?
What	have you disliked most about being a parent?
What	forms of discipline do you find to be most effective?
Under	r what circumstances do you think it is OK to spank or physically discipline a child
Have	you ever been a parent to someone else's child?

Agency/Location	Outcome of Contact
Signature	 Date
3	



PARENT PROFILE

MY FAMILY HISTORY

Name	Relationship	Age Range

†0110	en you were growing up, what were ways for members of your family to show the wing feelings:
A.	Happiness
В.	Love/Affection
<i>C</i> .	Anger
D.	Disappointment
E.	Frustration
F.	Sadness/Depression
G.	Stress
How	old were you when you left home?
How A.	old were you when you left home?
A.	Why did you leave?

3.

6.	List any current and previous marital and/or significant intimate relationships in
	sequential order, most current to earliest.

Marriage or Significant Relationship	Name of Spouse or Significant Person	Date of Marriage or Beginning of Relationship	Date Marriage or Relationship Ended	Reason Marriage or Relationship Ended
1				
2				
3				
4				
5				

7. Please list any children you have. If this is not applicable to you indicate so here_____

Name	Age	This Child Corresponds to which Relationship in Question 6	Where they live & with whom	Relationship to you (birth child, stepchild, adopted, not legally related)	Visitation Schedule (if applicable)

8.	Identify your emotions about the ending of your marriage/relationship(s) and describe how you handled those emotions.

How	did you meet your spouse or the person with whom you are living?
How	long have you:
A.	Known each other?
В.	Been married?
С.	Been living together?
	t do you think was the main reason you married or entered into a relationship werson and the main reason why you have stayed together?
	t do you like the most about your spouse or partner? What do you think your s
or pc	
	t would you most like to change about your husband or partner? What do you
Wha	t would you most like to change about your husband or partner? What do you t spouse or partner would like to have you change?

What	do you least like about being married and/or living with someone?
What	would make you want or consider a divorce or an ending of the relationship?
	was the biggest disappointment or loss you have had in your life and how did you vith it?
	MY SCHOOL AND WORK HISTORY
	any grades did you complete in school (junior high, high school, college, graduate)?
A .	If you did not complete high school, what were the reasons?
	If you have attended college, what was your field of study and what degree did you
How in	nportant will grades and school performance be for the child placed in your home?_
What	are your school expectations for a child placed in your home?

ces you have rked	Job Title	Length of Stay	Reason for Leavi
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MY INTEREST	TS IN AND EXPECT	TATIONS OF FOST	ER PARENTING
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MY INTEREST	TS IN AND EXPECT	FATIONS OF FOST	ER PARENTING
MY INTEREST What made you t	TS IN AND EXPECT hink about becoming a feen in foster care?	FATIONS OF FOST	ER PARENTING e?
MY INTEREST What made you t Have you ever be Do you know anyo	TS IN AND EXPECT whink about becoming a feen in foster care?	FATIONS OF FOST Foster parent at this time Were you add ter care or adopted?	ER PARENTING e? opted?
MY INTEREST What made you t Have you ever be Do you know anyo	TS IN AND EXPECT whink about becoming a feen in foster care?	FATIONS OF FOST Foster parent at this time Were you add	ER PARENTING e? opted?

Are you planning to have a child or children by birth in the future?

If no, please explain:

4.

А. В. С.	What do you think you will like most? What do you think you will like least? What do you think others in your family will like most and least about having a ne
<i>C</i> .	What do you think others in your family will like most and least about having a ne
	child in your home?
If you	u have parenting experience, what have you enjoyed most about being a parent?
What	have you disliked most about being a parent?
What	forms of discipline do you find to be most effective?
Under	r what circumstances do you think it is OK to spank or physically discipline a child
Have	you ever been a parent to someone else's child?

Agency/Location	Outcome of Contact
	I
Sianature	 Date

GENERAL FAMILY PROFILE

SENSITIVE SUBJECTS

As a partner in the foster care team, you may find that special circumstances of the child placed in your home will require that you talk with the child or child welfare workers about what we call "sensitive subjects." These sensitive subjects concern things about which people don't often talk about. In foster care work, these sensitive subjects may be about separation, divorce, death, sexual issues including sexual abuse, mental illness, angry emotions, sad emotions, and the use of alcohol and/or drugs.

Because we are making a very important decision together about your family's fostering, we will be discussing subjects that often are not discussed outside the family. We don't want to offend you or make you feel uncomfortable, but we do need to know in order to help you and us in the decision-making process. With this explanation in mind, then, please answer the following questions in the profile as openly and as honestly as you can. Thank You!

Is any fami	ly member	currently under the regular care of a physician for a medical condition?
		If "yes," please explain:
Is anyone i	n your fam	ily taking medicine prescribed by a doctor?
-	-	ily taking medicine prescribed by a doctor? If "yes," please explain:
-	-	
-	-	
() Yes	() No	

4.	Doe	es anv fa	amilv m	embe	r now have, or previously had, nervous or emotional difficulties?
		Yes			If "yes," please explain:
	()		()		5 · 1 · · · · · · · · · · · · · · · · ·
5.	Doe	es any fa	amily m	embe	r use drugs (other than prescribed by a doctor)?
	()	Yes	()	No	If "yes," please explain:
6.	Doe	es any fa	amily m	embe	r frequently drink alcohol?
	()	Yes	()	No	
	Has	any far	mily me	mber	received treatment for alcoholism?
	()	Yes	()	No	If "yes," please explain:
7.	Has	any fai	mily me	mber	experienced sexual abuse or attack?
	()	Yes	()	No	If "yes," please explain:
8.	Has	any fai	mily me	mber	ever been sexually involved with a child?
	()	Yes	()	No	If "yes," please explain:
9.		any for	mily mo	mhor	ever been accused of child or spouse abuse?
7.					
	()	Yes	()	No	If "yes," please explain:

Who is the money manager and how are financial decisions made?								
Is your fam	ily experienc	ing heavy debt or financial st	ress due to creditors or lawsuits?					
() Yes	() No	If "yes," please explain, and	d describe how it is affecting you and you	ur fam				
		ble to provide for your family first reimbursement check ar	as well as one or more additional childre	en for s				
() Yes	() No	Comments:						
			BEST OF MY KNOWLEDGE. WE ARE AWARE THOUR APPLICATION WILL BE REJECTED.	HAT SHO				
	rospective Pa		Date					
	rospective Pa							



FAMILY VIOLENCE CALLS DISCLOSURE FORM

Purpose: Use this form to document law enforcement service calls involving family violence at the prospective foster parents' addresses.

Directions: To complete this form, the foster home applicant(s) must list each incident of law enforcement responding to a report of family violence at their place of residence in the 24 months preceding the application to become a foster home. Please include the location, the date, and a description of each incident. If law enforcement did not respond to any reports of family violence at the home, write NONE in the Description of Incident section.

This form must be completed and reviewed during the home study process for each prospective foster home and filed in the foster home record.

	DISCLOSURE			
Name of Child Placing Agency:				
Name of Prospective Foster Home:			Date of Famil	y Violence Incident:
Current Home Address:				
City:	State:	Zip Co	ode:	Telephone No. (A/C):
Home Address Where the Violence Occurred:				
City:	State:	Zip Co	ode:	Telephone No. (A/C):

DISCLOSURE

Description of Incident Please describe the family who was involved, names and ages of all children in the was arrested. Please attach a separate sheet of paper	e home at the tir	me of the o	report to la call, and th	w enforcement was made, e name of anyone who
Name of Child Placing Agency:				
Name of Prospective Foster Home:			Date of Fa	amily Violence Incident:
Current Home Address:				
City:	State:	Zip Code	:	Telephone No. (A/C):
Home Address Where the Violence Occurred:				
City:	State:	Zip Code	:	Telephone No. (A/C):

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Description of Incident -- Please describe the family violence, including why a report to law enforcement was made,

SIGNATURES The information given is true and complete to the best of my knowledge. My failure or refusal to provide the requested information or sign this form constitutes good cause not to verify my home. Prospective Foster Parent: X Prospective Foster Parent: Date Signed: X CPA USE ONLY Name of CPA Staff who Reviewed: Local Law Enforcement Check Required:		names and ages of all children in the hom ase attach a separate sheet of paper if mo			
The information given is true and complete to the best of my knowledge. My failure or refusal to provide the requested information or sign this form constitutes good cause not to verify my home. Prospective Foster Parent: Date Signed: Date Signed: CPA USE ONLY					
The information given is true and complete to the best of my knowledge. My failure or refusal to provide the requested information or sign this form constitutes good cause not to verify my home. Prospective Foster Parent: Date Signed: Date Signed: CPA USE ONLY					
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Prospective Foster Parent: Date Signed: Prospective Foster Parent: Date Signed: CPA USE ONLY	The information di				failure or refusal to provide the
Prospective Foster Parent: Date Signed: CPA USE ONLY					
Prospective Foster Parent: Date Signed: CPA USE ONLY	Prospective Foster	Parent:	Date	Signed:	
CPA USE ONLY	X				
CPA USE ONLY	Prospective Foster	Parent:	Date	Signed:	
CPA USE ONLY	Υ				
Name of CPA Staff who Reviewed: Local Law Enforcement Check Required:		CPA USE	ONLY		
name of Gra Stan who keviewed.	Name of CDA Staff	Fwho Paviowad			Local Law Enforcement Chack Decired
	Name of CPA Stall	wild neviewed.			Local Law Enforcement Check Required:
Date Reviewed: Local Family Violence Check Completed: If a Local Check was Completed, Date Shared with	Date Reviewed:	Local Family Violence Check Completed:		If a Local	Chack was Completed Data Shared with

Licensing:



CRIMINAL BACKGROUND CONSENT

Please check all that apply to you:

☐ Employee/Applicant	☐ Foster Pa	arent's adult child	Res	oite Provider/Babysitter
☐ Foster Parent/Applicant	☐ Househo	ld Member age 14/older	☐ Sub	-contractor
☐ Foster/Group Home Staff applicant	Other		☐ Visit	or
If you are submitting your background please indicate which foster home:		•	ter for a l	Benchmark foster home,
Race African-American		nicity Iispanic	Gende	
Caucasian Asian/Pacific Islander American Indian/Alaskan)ther	Fem	nale
Please complete with full name o	n Social Sec	urity Card:		
Last Name First	Name	Full Middle Name	;	Maiden Name
Previous Married Name(s)				
Please indicate any other names you	have used			
Street Address	City	State	Z	ip County
	-	State Birth://_		
	Date of		Aç	ge:
Telephone: ()	Date of	Birth://_ river's License # & Stat	Aç	ge:
Telephone: () Social Security #:	Date of	Birth://_ river's License # & Stat	Aç	ge:
Telephone: () Social Security #:	Date of Date of	Birth://_ river's License # & Stat e you have lived:	Aç	ge:
Telephone: () Social Security #:	Date of D Texas where re you have if eclare the inform presentation or cruices (BFS) to re epeated every twice with this for ard with this for	Birth:///////	e:s true, corre would be Central Require with AFS. led driver,	rect and complete to the best e cause for termination. By gistry (CANRIS) check on the Please include a copy of then include a copy of



CRIMINAL BACKGROUND CONSENT

Please check all that apply to you:

☐ Employee/Applicant	☐ Foster Pa	arent's adult child	Res	oite Provider/Babysitter
☐ Foster Parent/Applicant	☐ Househo	ld Member age 14/older	☐ Sub	-contractor
☐ Foster/Group Home Staff applicant	Other		☐ Visit	or
If you are submitting your background please indicate which foster home:		•	ter for a l	Benchmark foster home,
Race African-American		nicity Iispanic	Gende	
Caucasian Asian/Pacific Islander American Indian/Alaskan)ther	Fem	nale
Please complete with full name o	n Social Sec	urity Card:		
Last Name First	Name	Full Middle Name	;	Maiden Name
Previous Married Name(s)				
Please indicate any other names you	have used			
Street Address	City	State	Z	ip County
	-	State Birth://_		
	Date of		Aç	ge:
Telephone: ()	Date of	Birth://_ river's License # & Stat	Aç	ge:
Telephone: () Social Security #:	Date of	Birth://_ river's License # & Stat	Aç	ge:
Telephone: () Social Security #:	Date of Date of	Birth://_ river's License # & Stat e you have lived:	Aç	ge:
Telephone: () Social Security #:	Date of D Texas where re you have if eclare the inform presentation or cruices (BFS) to re epeated every twice with this for ard with this for	Birth:///////	e:s true, corre would be Central Require with AFS. led driver,	rect and complete to the best e cause for termination. By gistry (CANRIS) check on the Please include a copy of then include a copy of



To schedule an appointment, visit www.l1id.com or call 1-888-467-2080 (8 a.m. – 5 p.m. CST)

Authorized Agency Inform	nation (To be completed by Requesting Agency)
Agency ORITX922080Z	Agency Name Texas Department of Family and Protective Services – RCCL
Reason for fingerprinting: Pro	spective Foster/Adoptive Applicant or Adults in The Home.
Agency Assigned Applicant N Original TCN	(if required by Agency)
Applicant Information (To	be completed by Applicant)
Sex ☐ Male ☐ Female Date of Birth Place of Birth (state or country)	
Home AddressStreet Address	City State Zip
Service Center Information	n (To be completed by Live Scan Operator)
Date Prints Taken	Amount Charged For Service
•	ey Order
TCN	
1 1	THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.
	(please print)
Signature of LSO	

INSTRUCTIONS FOR USING THE IDENTIX FAST PASS FINGERPRINT SYSTEM

The goal of the FAST PASS fingerprints is to provide the applicant a fast, simple, convenient, and professional fingerprinting experience. The sooner the background check process is completed, the sooner your home can be verified.

Here's how to get started:

- Complete the middle portion of the form. Then schedule an appointment by either going online to the Identix website at www.l1id.com, click on the "Schedule a Fingerprinting Appointment On-line" button on the left or by calling Identix at toll-free at 1-888-467-2080 (8am-5pm CST).
- 2. Have this form with you, it has information such as our agency's ORI number and the reason you're being fingerprinted.
- 3. When scheduling online, you must select the following:
 - First select, Texas,
 - Then the language that you would like to register in (either English or Spanish),
 - Then choose All Others for the type of agency under the application ID;
 - Then select **Option A Electronic Submission** for the type of fingerprints needed.
 - Then select yes, I have a Fast Fingerprint Pass
 - Then enter the following Agency ORI number, TX922080Z
 - Then select **yes** for the state and federal background check
 - Then enter your zip code and the region of the state that you would like to have your prints taken, click next step.
 - Then click on the available date on the calendar and the preferred time.
 - On the next page enter in all of your required information and **click send information**. After you have registered on-line you will receive a confirmation email of your scheduled appointment.
- 4. If you choose to schedule via phone, request an "**Electronic Fingerprint Submission**" and the operator will obtain the above information from you.
- 5. Arrive at the facility at your appointed time.
- 6. Bring the following with you to your fingerprinting appointment:
 - This completed FAST PASS Form;
 - Your driver's license or other valid form of identification; and
 - The form of payment you selected when you made your appointment. \$44.20 (\$34.25 for the DPS/NCIC fingerprints and the \$9.95 for the processing fee). Identix will accept personal checks, money orders or credit cards.
- 7. The technician will run your fingerprints, take your photograph and give you a signed receipt.
- 8. Your fingerprints will then be sent electronically to DPS, DPS will send the print to NCIC (FBI) electronically the same day.
- 9. You must submit the signed receipt to your child placing agency or independent foster home provider as proof of fingerprinting.
- 10. The results will be sent directly to Licensing from the Texas Department of Public Safety. Licensing will notify your child placing agency or independent foster home provider of the results.



To schedule an appointment, visit www.l1id.com or call 1-888-467-2080 (8 a.m. – 5 p.m. CST)

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Applicant Information (To	be completed by Applicant)
Sex ☐ Male ☐ Female Date of Birth Place of Birth (state or country)	
Home AddressStreet Address	City State Zip
Service Center Information	n (To be completed by Live Scan Operator)
Date Prints Taken	Amount Charged For Service
•	ey Order
TCN	
1 1	THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.
	(please print)
Signature of LSO	

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- 2. Have this form with you, it has information such as our agency's ORI number and the reason you're being fingerprinted.
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 - First select, Texas,
 - Then the language that you would like to register in (either English or Spanish),
 - Then choose All Others for the type of agency under the application ID;
 - Then select **Option A Electronic Submission** for the type of fingerprints needed.
 - Then select yes, I have a Fast Fingerprint Pass
 - Then enter the following Agency ORI number, TX922080Z
 - Then select **yes** for the state and federal background check
 - Then enter your zip code and the region of the state that you would like to have your prints taken, click next step.
 - Then click on the available date on the calendar and the preferred time.
 - On the next page enter in all of your required information and **click send information**. After you have registered on-line you will receive a confirmation email of your scheduled appointment.
- 4. If you choose to schedule via phone, request an "**Electronic Fingerprint Submission**" and the operator will obtain the above information from you.
- 5. Arrive at the facility at your appointed time.
- 6. Bring the following with you to your fingerprinting appointment:
 - This completed FAST PASS Form;
 - Your driver's license or other valid form of identification; and
 - The form of payment you selected when you made your appointment. \$44.20 (\$34.25 for the DPS/NCIC fingerprints and the \$9.95 for the processing fee). Identix will accept personal checks, money orders or credit cards.
- 7. The technician will run your fingerprints, take your photograph and give you a signed receipt.
- 8. Your fingerprints will then be sent electronically to DPS, DPS will send the print to NCIC (FBI) electronically the same day.
- 9. You must submit the signed receipt to your child placing agency or independent foster home provider as proof of fingerprinting.
- 10. The results will be sent directly to Licensing from the Texas Department of Public Safety. Licensing will notify your child placing agency or independent foster home provider of the results.

DRIVING RECORD STATEMENT

Date:	Employee Name:	DOB:
Employee Driver's License Number/Sta	ite:	
B. My safe driving record must be main	, understand that: g skills in order to perform the job for which I am curre tained in order to remain employed in my current cap course of business, I must maintain minimum liability i	acity.
which involved accidents within the last I understand that if my driving record is	erstanding of the Standards listed below that I hereby three years. outside the Company Standards, I will be terminated a driving record that differs from what is reported here	from my current position. I also understand
Employee Signature	Date	
Supervisor Signature	Date	
	Anchor Family Services's Driving S	Standards
must meet certain driving meet these standards will 1. All drivers must 1 2. Drivers 19 to 22 3. Drivers 23 and of three year period 4. All drivers using by state law. B. Employees found driving undischarge (see policy on D. C. All drivers who are at fault termination. D. Employees who have more be transferred to another jets.	Anchor Family Services. vehicle or their own vehicle record standards, as defined by vehicle insurance record to be eligible for employment with Anchor Family Sibe 19 years old as of last birthday and must have a very and under may have no more than one traffic violation over may have no more than two traffic violations or old ending at the date of the application. personal vehicles in the course of business must main under the influence of non-prescribed controlled substantials are in any accident while operating a Anchor Family See than two traffic violations in any three year period dipolo not requiring that employee to drive if such a position.	quirements. Prospective employees who do not Services: alid Texas Drivers License. In. Ine accident and one traffic violation during the intain minimum liability insurance as required trances or alcohol will be subject to immediate ervices vehicle may be subject to immediate uring the course of his or her employment may tion exists, and the employee is eligible (see
on company business; and b) sign a rel	vide proof of insurance if the job for which they are ap lease of driver's records form at the time of applicatio also attest that his or her driving record is accurate as	n for employment. At that time and twice each
	<u>DRIVING WAIVER</u>	

I have been advised that I am not permitted to drive company vehicles A. Obtained a valid and current Drivers License B. An acceptable driving record within company standards C. Personal vehicle insurance if used on company business D. Provided the regional office with proof of same	·
Employee Signature	Witness Signature
Printed Name of Employee	Date

DRIVING RECORD STATEMENT

Date:	Employee Name:	DOB:
Employee Driver's License Number/Sta	ite:	
B. My safe driving record must be main	, understand that: g skills in order to perform the job for which I am curre tained in order to remain employed in my current cap course of business, I must maintain minimum liability i	acity.
which involved accidents within the last I understand that if my driving record is	erstanding of the Standards listed below that I hereby three years. outside the Company Standards, I will be terminated a driving record that differs from what is reported here	from my current position. I also understand
Employee Signature	Date	
Supervisor Signature	Date	
	Anchor Family Services's Driving S	Standards
must meet certain driving meet these standards will 1. All drivers must 1 2. Drivers 19 to 22 3. Drivers 23 and of three year period 4. All drivers using by state law. B. Employees found driving undischarge (see policy on D. C. All drivers who are at fault termination. D. Employees who have more be transferred to another jets.	Anchor Family Services. vehicle or their own vehicle record standards, as defined by vehicle insurance record to be eligible for employment with Anchor Family Sibe 19 years old as of last birthday and must have a very and under may have no more than one traffic violation over may have no more than two traffic violations or old ending at the date of the application. personal vehicles in the course of business must main under the influence of non-prescribed controlled substantials are in any accident while operating a Anchor Family See than two traffic violations in any three year period dipolo not requiring that employee to drive if such a position.	quirements. Prospective employees who do not Services: alid Texas Drivers License. In. Ine accident and one traffic violation during the intain minimum liability insurance as required trances or alcohol will be subject to immediate ervices vehicle may be subject to immediate uring the course of his or her employment may tion exists, and the employee is eligible (see
on company business; and b) sign a rel	vide proof of insurance if the job for which they are ap lease of driver's records form at the time of applicatio also attest that his or her driving record is accurate as	n for employment. At that time and twice each
	<u>DRIVING WAIVER</u>	

I have been advised that I am not permitted to drive company vehicles A. Obtained a valid and current Drivers License B. An acceptable driving record within company standards C. Personal vehicle insurance if used on company business D. Provided the regional office with proof of same	·
Employee Signature	Witness Signature
Printed Name of Employee	Date

OCCASIONAL CHILD CARE PLAN for

Instructions: Please complete the following information for each Occasional Caregiver. In addition, please have the caregiver complete the attached Criminal History/CANRIS Check Consent Form and FBI.

Name of Child Care Provider	
Address	
How long have you known this persor	1?
What is their child care experience?	
Place of Supervision	
Address	
	If different from above
Telephone	If different from above
Reason for Supervision	
How often is child care needed?	
now often is clind care needed?	

CRIMINAL HISTORY/CENTRAL REGISTRY CHECK CONSENT FORM

I authorize Anchor Family Services, I	nc. to execute a crir	ninal history check	.	
Foster Parent Signature		Witness Signa	ature	•
Printed Name of Foster Parent		Printed Name	of Witness	
Date		Date		
Information needed for Criminal Hist	ory/Central Registry			
Name: (Last, First, Middle)				
Other Names: (Maiden, Married, etc.)				
Sex: Male Female (<i>Please circle</i> Race/Ethnicity: (<i>Please circle one</i>)	,	te of Birth: Hispanic		
		·	Official	
Social Security Number:				
Driver's License #:				
List other cities in Texas where there	e has been residency	У		
Current Street Address:				
City:			_	
County:				
Telephone:				



HEALTH STATUS INFORMATION

ame (First, Middle, Last)						Date of Birth (Gender	
☐ Applicant ☐	Adult	child	☐ Minor child		Oth	er adult		_
			HEALTH HIS	<u> </u>	.		·· ·	
o you have or have you ever			following:	1				1
	YES	NO		YES	NO		YES	NC
GENERAL			BLOOD/ CIRCULATION			ABDOMEN		
Migraines or Severe Headaches			High Blood Pressure			Ulcer, Pain		
Seizures, Convulsions, Epilepsy			Stroke					
Diabetes, Sugar in Blood or Urine			Varicose (swollen) Veins			BOWELS		
Unusual Lumps			Blood Clots in Leg, Lung			Polyps, Blood in Stool		
Arthritis, Joint Pains, Gout			Transfusions			1 dryps, blood in Stool		
Emotional Problems, Depression			High Blood Cholesterol or Fat			KIDNEY OR BLADDER		
Attempted Suicide						Blood/Pus in Urine		
			LUNGS			Frequent Infections		
EYES			Tuberculosis			Stones		
Blurring, Changing Vision			Asthma, Pneumonia, Emphysema					
Glaucoma, Cataracts			Black Lung Disease			EXTREMETIES		
						Arms, Hands, Legs Feet. Numbness, Tingling, Burning		
EARS			LIVER			Pain, Swelling, Tenderness	5	
Trouble Hearing; Ringing			Hepatitis, Jaundice, Cirrhosis			Amputation		
HEART			GALLBLADDER			SEXUALLY TRANSMITTED		
						DISEASE		
Chest Pain; Shortness of			Disease, Stones					
Breath						CANCER		

Have you ever received treatment for	or mental/emotional problems?					
If yes, when? From whom?						
Have you taken medication for ment	tal or emotional problems?					
When	Drugs Prescribed					
Have you ever gone to counseling fo	or emotional or family problems? YES NO					
If yes, when? Who was the counselor?						
Have you ever had a psychological e	valuation or battery of psychological tests? YES NO					
If so, when?						
List all prescription medications being	ng taken on a regular basis:					
Medication	Reason for taking					
MAJOR ILLNESSES/HOSPITALIZATI	ONS: (include operations) DATE DATE DATEDATE					
DATE						
LIFESTYLE:						
How often do you exercise?						
Have there been any recent or stressful of Do you, or have you ever smoked? IF yes, how often?	events to you, or your family? YES NO YES NO					
Do you drink alcoholic beverages? IF yes, how often?	☐ YES ☐ NO					
Do you wear a seat belt on a regular bas Do you have any physical disability?	is?					
Have you ever been treated for drug abu Have you ever been treated for alcoholisi	se?					
When was your last TB test?						
	ician, psychologist, or counselor concerning you and/or your child's past or adition. Are you willing to give permission for release of such information if					
Signature	Date					



HEALTH STATUS INFORMATION

ame (First, Middle, Last)						Date of Birth (Gender	
☐ Applicant ☐	Adult	child	☐ Minor child		Oth	er adult		_
			HEALTH HIS	<u> </u>	.		·· ·	
o you have or have you ever			following:	1				1
	YES	NO		YES	NO		YES	NC
GENERAL			BLOOD/ CIRCULATION			ABDOMEN		
Migraines or Severe Headaches			High Blood Pressure			Ulcer, Pain		
Seizures, Convulsions, Epilepsy			Stroke					
Diabetes, Sugar in Blood or Urine			Varicose (swollen) Veins			BOWELS		
Unusual Lumps			Blood Clots in Leg, Lung			Polyps, Blood in Stool		
Arthritis, Joint Pains, Gout			Transfusions			1 dryps, blood in Stool		
Emotional Problems, Depression			High Blood Cholesterol or Fat			KIDNEY OR BLADDER		
Attempted Suicide						Blood/Pus in Urine		
			LUNGS			Frequent Infections		
EYES			Tuberculosis			Stones		
Blurring, Changing Vision			Asthma, Pneumonia, Emphysema					
Glaucoma, Cataracts			Black Lung Disease			EXTREMETIES		
						Arms, Hands, Legs Feet. Numbness, Tingling, Burning		
EARS			LIVER			Pain, Swelling, Tenderness	5	
Trouble Hearing; Ringing			Hepatitis, Jaundice, Cirrhosis			Amputation		
HEART			GALLBLADDER			SEXUALLY TRANSMITTED		
						DISEASE		
Chest Pain; Shortness of			Disease, Stones					
Breath						CANCER		

Have you ever received treatment for	or mental/emotional problems?					
If yes, when? From whom?						
Have you taken medication for ment	tal or emotional problems?					
When	Drugs Prescribed					
Have you ever gone to counseling fo	or emotional or family problems? YES NO					
If yes, when? Who was the counselor?						
Have you ever had a psychological e	valuation or battery of psychological tests? YES NO					
If so, when?						
List all prescription medications being	ng taken on a regular basis:					
Medication	Reason for taking					
MAJOR ILLNESSES/HOSPITALIZATI	ONS: (include operations) DATE DATE DATEDATE					
DATE						
LIFESTYLE:						
How often do you exercise?						
Have there been any recent or stressful of Do you, or have you ever smoked? IF yes, how often?	events to you, or your family? YES NO YES NO					
Do you drink alcoholic beverages? IF yes, how often?	☐ YES ☐ NO					
Do you wear a seat belt on a regular bas Do you have any physical disability?	is?					
Have you ever been treated for drug abu Have you ever been treated for alcoholisi	se?					
When was your last TB test?						
	ician, psychologist, or counselor concerning you and/or your child's past or adition. Are you willing to give permission for release of such information if					
Signature	Date					

PHYSICIAN'S REFERENCE FOR FOSTER PARENT

Date:
An application to be a foster parent has been received from:
ADDRESS
As this is frequently a physically and emotionally demanding job, the Department of Family and Protective Services is interested in the health of the applicant.
In order that we may expedite the processing of the application, we ask that you complete this form at your earliest convenience and return it to:
AGENCY ADDRESS OR FOSTER PARENT
What is your impression of the applicant's general health?
Does the applicant have any chronic diseases or illness? [] Yes [] No
If yes, please explain:
Any additional comments
Physician's Name and Address:
(Please Print)
Physician's Signature

PHYSICIAN'S REFERENCE FOR FOSTER PARENT

Date:
An application to be a foster parent has been received from:
ADDRESS
As this is frequently a physically and emotionally demanding job, the Department of Family and Protective Services is interested in the health of the applicant.
In order that we may expedite the processing of the application, we ask that you complete this form at your earliest convenience and return it to:
AGENCY ADDRESS OR FOSTER PARENT
What is your impression of the applicant's general health?
Does the applicant have any chronic diseases or illness? [] Yes [] No
If yes, please explain:
Any additional comments
Physician's Name and Address:
(Please Print)
Physician's Signature



CCL - STATEMENT OF FOSTER PARENT AND CHILD-PLACING AGENCY RIGHTS AND RESPONSIBILITIES

Purpose: Use this form to document the foster parents' and child-placing agency staff's understanding of their rights and responsibilities.

Directions: To complete this form the child-placing agency staff and the foster parents must sign this statement at the time the home is verified. The foster home must have a copy of the signed statement, and the child-placing agency must file a copy of the signed statement in the foster home record.

- 1. Foster parents have the right to be treated with dignity, respect, and consideration as a member of the service planning team;
- 2. Foster parents have the right and responsibility to participate in service planning and implementation of the service plan;
- 3. Foster parents have the right and responsibility to obtain training that will assist them in meeting the needs of children placed in their home;
- 4. The child-placing agency has a responsibility to assist foster parents in identifying training that will enhance the foster parents ability to meet the needs of children placed in their home;
- 5. Foster parents and the child-placing agency have the responsibility to communicate with each other in a timely and effective manner;
- 6. Foster parents have the right to be reimbursed for care of the children placed in their home in a timely manner and according to the child-placing agency's policy;
- 7. The child-placing agency has the responsibility to provide relevant information about a child to foster parents when placing or considering placing the child;
- 8. Foster parents have the right and responsibility to obtain information and ask questions about children the child-placing agency would like to place in their home, including requesting a pre-placement visit;
- 9. Foster parents have the right to know how much discretion they have in declining specific placements without fear of negative repercussions;
- 10. The child-placing agency has the responsibility to provide support to all of their foster parents and inform them of any services available to foster parents;
- 11. Foster parents have the responsibility to report to the child-placing agency and Licensing information as required by the child-placing agency's policies and the minimum standards applicable to foster homes, which are in 40 Texas Administrative Code, Part 19, Chapter 749;

- 12. Foster parents have the right to appeal child-placing agency actions and decisions that affect them and to know the procedures for making an appeal;
- 13. Foster parents have the responsibility to comply with the minimum standards applicable to foster homes, as applicable;
- 14. The child-placing agency has the responsibility to provide foster parents with support, training, and oversight in order to ensure the foster parents are in compliance, as applicable, with the minimum standards applicable to foster homes; and
- 15. Foster parents have the right to review their foster home record maintained by the child-placing agency.

SIGNATURES				
Foster Parent:	Date Signed:			
X				
Foster Parent:	Date Signed:			
X				
Child-Placing Agency Staff Person:	Date Signed:			
X				

GRIEVANCE AND APPEAL ACKNOWLEDGEMENT

Welcome to Anchor Family Services Inc.!

We are excited about the prospect of a long relationship with you and your family. In order to make this a successful time, we want to ensure that you know the rights you have as a prospective foster family. One of those rights is the ability to appeal any decision made about you by Anchor Family Services Inc. This right extends after verification, as well. This document details for you Anchor Family Services Inc.'s appeal policy. Please read it, keep a copy for yourself, and return a signed copy to the Anchor Family Services Inc. staff person who is assisting you through the verification process.

GRIEVANCE AND APPEAL PROCEDURE

Anchor Family Services Inc. shall provide foster parents with a mechanism for expressing their complaints, grievances, and appeals. Anchor Family Services Inc. in response, will a) inform the foster parent of the resolution, b) provide a timely written response to all complaints, grievances, and appeals, and c) maintain a copy of the resolution in the foster family's record. The foster parent will not be discriminated against or denied services or have services reduced for exercising their right to file a grievance or appeal an adverse response.

- Step 1 (grievance): The foster parent is requested to state the grievance verbally or in writing to the Case Manager within five days from the date of such occurrence. The foster parent will receive any and all assistance necessary to make certain the foster parent's grievance is documented and/or communicated to the appropriate parties up to and including the Executive Director (or designee).
 - If the grievance is in regards to the Case Manager, the foster parent will have the immediate opportunity to proceed to Step 3.
 - If the original grievance is in regards to the Program Director, the foster parent will have the immediate opportunity to proceed to Step 5.
- Step 2 (response): The Case Manager will verbally respond to the foster parent's grievance within five days of receipt of the grievance and take the necessary steps to implement the resolution. If the original grievance is not settled to the satisfaction of the foster parent, he/she will have the immediate opportunity to proceed to Step 3.
- Step 3 (grievance or appeal): A grievance involving the Case Manager or an appeal of a Step 2 response must be stated verbally or in writing by the foster parent to the Program Director within five days from the date of such occurrence or upon receipt of the Step 2 response.
- Step 4 (response): The Program Director will review all relevant information and respond to the foster parent verbally and in writing within five days after the receipt of the original grievance (if in regards to the Case Manager) or the appeal of a Step 2 response and take the necessary steps to implement the resolution. If the original grievance is still not resolved by the Program Director to the satisfaction of the foster parent and remains unresolved after appeal, the foster parent will have the immediate opportunity to proceed to Step 5.
- Step 5 (grievance or appeal): An original grievance involving the Program Director or the appeal of a Step 4 response must be stated verbally or in writing by the foster parent to the Executive Director within five days from the date of such occurrence or upon receipt of the Step 4 response.
- Step 6 (response): The decision of the Executive Director (or designee) will be considered Anchor Family Services Inc.'s final response regarding the grievance/appeal. A written copy of the notification regarding the grievance resolution will be given to the foster parent and a copy placed in the family's record.

At any time and/ or if a grievance or appeal is not resolved, the foster parent can contact the Licensing Representative assigned to Anchor Family Services Inc. To log a complaint with TDFPS, you may contact the Licensing Representative assigned to Anchor Family Services Inc. through the Child Abuse Hotline Number 1-800-252-5400. You may also contact Residential Child Care Licensing at the following address:

Residential Child Care Licensing

1200 E. Copeland Road Suite 310 Arlington, Texas 76011 (817) 792-4400

FOSTER PARENT GRIEVANCE AND APPEAL ACKNOWLEDGEMENT

I have read and understood Anchor Family Services I	nc.'s Grievance and Appeal Policy and Procedure.
Foster Parent Signature	Date
Foster Parent Signature	Date
Case Manager Signature	 Date

CONFIDENTIALITY STATEMENT – FOSTER PARENTS/STAFF/RESPITE PARENTS

Information concerning clients, employees, Consultants, and/or company operations is strictly confidential. This specifically includes medical records and HIV status information. Anchor Family Services Inc. foster parents, foster home staff, and respite parents are required to maintain confidentiality. This duty to maintain confidentiality continues after the family or staff member's separation from Anchor Family Services Inc.

Confidential information may not be discussed with unauthorized personnel at work or in a social setting. Care must be taken so that documents or electronic media containing confidential information that are removed from the home are not exposed so as to be seen by unauthorized persons. Documents, electronic media, and the containers in which they are transported, e.g., folders or briefcases, may not be left unattended at a parent/staff member's desk at work, in an open automobile, at a restaurant, in an airport, or any other publicly accessible location. Employees and contract consultants must take care to only discuss confidential information in a manner that will maintain confidentiality. Indiscriminate disclosure of confidential information will be cause for de-verification or termination (for home staff members).

I have read the Confidentiality Clause he	rein and understand the same.
Family/Staff Signature	Date
Executive Director	 Date

Subject: DRUG AND ALCOHOL FREE WORK POLICY

Effective: **Oct 1, 2017**

POLICY:

Anchor Family Services hereinafter referred to as ANCHOR FAMILY SERVICES holds a zero tolerance policy toward drug and alcohol in the workplace.

Use of any illegal substances, alcohol, misuse of prescription and over the counter drugs and possession / use of drug paraphernalia are strictly prohibited. Any known illegal drug use during **ANCHOR FAMILY SERVICES** work and on **ANCHOR FAMILY SERVICES** premises will be reported to law enforcement authorities. Driving under the influence while on duty and/or driving vehicles is grounds for dismissal.

Any employee suspected of reporting to work under the influence of alcohol or drugs may be instructed to report for a substance screening or test. Employees may be required to give permission for the release of that information as a condition of returning to work. Employees with excessive absences, slurred speech, erratic behavior or other similar indicators may be instructed to report for an evaluation / assessment. The agency will pay for such assessment or drug screening if the supervisor requires it.

If an employee is found to be under the influence and work performance is adversely affected or client safety or treatment compromised the employee will receive disciplinary action up to and including termination of position.

Any employee that is required to have a current, valid drivers license as a condition of employment is subject to losing his/her position if the license is revoked for any reason including driving while under the influence.

Any employee that is caught or known to give alcohol or drugs to any client will be terminated immediately.

Testing Policy:

An applicants consent to submit to drug testing is required as a condition of employment, and the refusal to consent will result in refusal to hire the applicant.

At minimum, **ANCHOR FAMILY SERVICES** will screen for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). Drug testing must be performed by a certified laboratory.

All applicants that are intended to be hired for employment are subject to preemployment testing, and may not provide direct care or have access to a child in care until the test results are available.

All employees are subject to random, unannounced drug and alcohol testing. Refusal to submit to testing by an employee may result in disciplinary action, including discharge. An employee suspected of abusing drugs or alcohol may be suspended pending receipt of written test results and further inquiries may be required.

Any employee who is alleged to be abusing drugs or alcohol, or who is alleged to have committed child abuse or neglect where there is good cause to believe the employee has abused drugs or alcohol must be tested within 24 hours.

Appeal:

An applicant or employee whose drug test is positive may, at the employee's expense:

- have the opportunity to explain and offer written documentation why there
 is another cause for the positive drug test
- Request that the remaining portion of the sample that yielded the positive results, if available, be submitted for an additional independent test, including second tests to rule out false positive results
- Submit the written test results for an independent medical review.

I have read	the D	rug aı	nd A	Alcohol Po	olicy	r for <u>AN</u>	<u>CH</u>	OR FAM	ILY SERVICES	<u>S</u> and
understand testing.	that	l will	be	expected	to	submit	to	random,	unannounced	drug

Employee's Signature	Date
Supervisor's Signature	 Date

For the Managed Information System & E-mail

Security Policy

The following standards must be adhered to when utilizing or accessing the Anchor Family Services Inc Managed Information System (MIS).

User ID's and Passwords:

- All Passwords are encrypted in the MIS.
- ➤ No one has access to view anyone's Password.
- User ID's and Passwords are considered private to each individual Anchor Family Services Inc employee/foster parent. They are NOT to be shared among any staff/foster parent.
- Passwords Must be:
 - At least 6 characters long
 - Contain at least 1 numerical value
 - Contain at least 1 Capital letter
- You should NEVER use a significant date of birth or name as your password.
- Passwords should be changed quarterly by each individual staff member/foster parent.

User Sessions

When a Anchor Family Services Inc employee/foster parent is logged into the MIS, the following actions should occur:

- If you have to walk away from your computer (but you are returning immediately) and your session is still active, you must Minimize your session so that the system does not appear open on your desktop.
- ➤ If you are leaving your computer for more than 10 minutes, you must log out of the system.

Printing information

Any information that is printed out of the MIS must be retrieved off the printer immediately as to not leave confidential client data left on the printer.

Sending and Receiving E-mails

E-mail is not considered a secure transaction, and therefore the following measures are put in place to protect the confidentiality of all of Anchor Family Services Inc's clients.

- Clinical documents (case notes, treatment plans, etc.) cannot be sent via e-mail.
- Clients should be identified with their MIS Client Number or with first and last initials only in e-mail.

Signature	 Date	

Mandated Reporting of Abuse & Neglect Policy

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PURPOSE: To formalize a policy and procedure regarding Mandated Reporting of Child Abuse and Neglect.

POLICY: In accordance with Anchor Family Services guidelines and Texas State Laws, all Anchor Family Services employees and caregivers have the responsibility to report any incident of suspected or actual child abuse or neglect to the appropriate State Agency (DFPS Texas Abuse Hotline 1-800- 252-5400) **and** to the immediate Anchor Family Services Supervisor or next available Management Staff.

Anchor Family Services does not condone or tolerate physical or emotional abuse or neglect of clients. Any employee or caregiver found guilty of such abuse or neglect will be terminated immediately.

PROCEDURE: In the event that an employee or caregiver witnesses or has any reason to suspect that a child in our care is a victim of abuse or neglect, the employee or caregiver is to immediately report the incident to the appropriate State Agency (DFPS Texas Abuse Hotline 1-800-252-5400) and to their Anchor Family Services Supervisor or next available Management Staff.

Please be advised that according to the Texas State Law, a person who knowingly makes a report that is false commits an offense punishable as a State Jail Felony.

Employees and/or Caregivers will complete one clock hour of annual training in prevention techniques for and the recognition of symptoms of abuse and neglect as well as the responsibility and procedure for reporting suspected abuse and neglect.

Mandated Reporting of Abuse and Neglect Policy

Acknowledgement and Receipt

understand my responsibilities as outlined herein.	Texas Family Code (Chapter 261), and I
Employee's/Caregiver's Signature	Date
Supervisor's Signature	Date

(Copy of signed Acknowledgement and Receipt of the Mandated Reporting of Abuse and Neglect Policy to be attached to a copy of the Texas Family Code (Chapter 261), and provided to the employee or caregiver.)

Anchor Family Services DISCIPLINE POLICY AND GUIDELINES

<u>Purpose</u>: Discipline is an educational process through which children develop the self-control, self-reliance and orderly conduct necessary to assume responsibilities, make daily living decisions and live according to acceptable standards of social behavior. The goal of discipline is to teach children to control their own behavior. Self-discipline is learned by experiencing the natural consequences of one's behavior. With self-discipline, children control their behavior based on rules they believe to be important.

<u>Acceptable Methods of Discipline</u>: Children must be disciplined with kindness, consistency and understanding. Foster parents may use the following methods of discipline:

- Reinforcement of acceptable behavior—for example, (depending on the age and the likes and dislikes of the child) honest praise, special privileges and treats, extra hugs and kisses (appropriate to age/sex of child) and stars or "smiley faces" on a door or bulletin board;
- 2. Verbal disapproval of the child's behavior (never disapproval of the child)—for example, "I don't like ball throwing in the house";
- Loss of privileges—for example, if the ball throwing continues (see above) then take
 the ball away and restrict the child from watching television, participating in a
 special event or playing with a specific toy;
- 4. Redirecting the child's activity—for example, if a child is playing with a sharp object or other dangerous or restricted object, take the object away from the child and replace it with a safe, appropriated toy;
- 5. Grounding (restriction to the house, a room or the yard); and
- 6. Time out (separation from others) can consist of sending the child out of the room and away from the family activity or placement in a special time out area. The area must be an unlocked, lighted, well-ventilated room at least 50 square feet in area that is within hearing distance of an adult. A general rule for time out is one minute for each year of the child's age (again, depending of the severity of the misbehavior). Time outs should not exceed fifteen (15) minutes for any child.

Prohibited Disciplinary Practices. Foster parents SHALL NOT:

- Use derogatory remarks or other forms of verbal abuse toward the child or his/ her family members;
- 2. Place a child in a locked room:
- 3. Use cruel, severe, humiliating, unusual or degrading punishment which subjects the child to ridicule;
- 4. Use corporal punishment (which includes: spanking, slapping, pinching, shaking, pulling hair, twisting ears or any other physical punishment which inflicts pain upon the child;
- 5. Delegate discipline or punishment of the child to another child or to an adult who is unknown to the child;
- 6. Use group punishment for the misbehavior of an individual child;
- 7. Withhold or deny meals, clothing, shelter, mail, family visits or contact with family members or caseworkers as discipline;
- 8. Punish a child for bed-wetting or errors which occur during the toilet training process;
 - **NOTE**: Techniques for working with children who are not yet toilet trained should be discussed with the counselor prior to accepting an untrained child. Problems in training should be communicated to the counselor as they occur.
- 9. Put hot pepper, soap, or other foreign substances in a child's mouth as discipline;
- 10. Use resistance to Case Plan implementation as punishment for the misbehavior of the child;
- 11. Assign chores to a child which involve physical exercise so excessive as to endanger the child's health or so extensive as to impinge upon time set aside for schoolwork, sleeping, or eating:
- 12. Use threats of removal or reports to the child's counselor, judge or other authorities as punishment.

<u>Special Care Required</u>: After a time, an exceptionally difficult foster child can bring a foster parent to think about asking the Department to remove the child. Although a foster parent would not ask the Department to remove their biological child because of misbehavior, they do have the option of asking for the removal of a foster child.

Older foster children often expect to be told that they have to go, and while they may seem troubled by this, they feel they have such little control over their lives that misbehavior becomes inescapable, as does a new placement. Foster children may even tell foster parents that they expect to move again, so why should they pay attention to the rules or try to make the placement work?

On the same note, it is natural for foster parents to expect some response, or at least some cooperation on the part of a "detached" newly placed child. When neither happen, foster parents seem to take offense to any misbehavior by the detached child, even more so than they would if they experienced the same behavior from an emotionally attached child ho shows absolutely not guilt or remorse when confronted. Threatening the detached foster child with removal plays right into their perception of themselves; that they are doomed to a life of constant turmoil and one of moving from home to home. The counselor's first task in these situations is to help identify specific behaviors that are troubling to the foster parent, and with the foster parents and child, make an assessment of what can be done to correct the problem to prevent a "busted" placement.

If the foster parents and foster care worker decide that the child should know that the foster parents are considering removal as a consequence of the child's persistent misbehavior, then a conference should be help with the child, foster parent and counselor to discuss this possibility. The presence of the counselor, to support both the foster parents and the child, is critical to the outcome, and the problem-solving aspect of the process can be helpful in restoring some of the child's feeling of control over his/her own life. If the decision is made to move the child, he or she may be less traumatized because they were a part of the decision-making process. If the decision is to continue the placement, he or she may be able to make more of an investment in the placement.

<u>Violations</u>: Violation of the above policy may result in an investigation and possible closure of the foster home. While it is possible to violate the discipline policy without actually committing child abuse (e.g. spanking), some violations may also be considered abuse and may, therefore, be investigated as such.

AGREEMENT TO ABIDE BY DISCIPLINE POLICY

I confirm that I have had explained to me by the licensing unit representative the State's policy regarding discipline of foster and shelter children. I have also received a copy of this policy.

I understand that violation of this policy could result in the termination of my license. I agree to abide by the State policy regarding discipline of foster and shelter children, which includes no corporal punishment being used.

Foster Parent	 Date
Foster Parent	 Date
Agency Representative	 Date



DISASTER AND EMERGENCY PLAN

FOR THE FAMILY

(FOSTER FAMILY NAME)

POLICY: Agency personnel and foster parents are responsible for responding effectively during an emergency or disaster that may include, but not limited to, acts of nature (i.e., flood, hurricane, fire or tornado), chemical or hazardous material spills, critical equipment failure, weapons of mass destruction events, and/or acts of terrorism.

Agency personnel and foster parents are responsible for maintaining all children in their care during disasters that require mandatory evacuation or quarantine. Agency personnel and foster parents are required to be educated and aware of disaster and emergency procedures and be prepared to fulfill their respective roles by implementing the Disaster and Emergency Plan.

PROCEDURES:

MANDATED EVACUATION BY LOCAL OFFICIALS

- □ In the event of an evacuation, foster families will immediately notify their Case Manager or the Licensed Child Placing Agency Administrator before evacuating and tell the Case Manager or Licensed Child Placing Agency Administrator the location of their family's evacuation.
- □ After the foster family reaches safety, they will inform the Case Manager or Licensed Child Placing Agency Administrator of their safe arrival at their destination.
- Anchor Family Services Child Placing Agency will contact CPS giving information about the foster families and where children are located during the evacuation. The Licensed Child Placing Agency Administrator or Case Manager will contact CPS daily during the evacuation.
- □ Foster parents will assist children in collecting clothing, baby needs, blankets, pillows and books/games.
- □ Medicines and dosing instructions for children will be gathered by foster parents and placed into an emergency kit for easy transporting.
- □ Emergency items such as flash lights, first aid supplies snack foods, and water will be gathered for the children.
- □ All children will congregate in a central area of the foster home and will be accounted for never leave a child behind. Our family's central area of the foster home is:
- The children will be transported to a safe location (i.e. shelter, home of extended family) outside the area being evacuated. Foster parents will remain with the children throughout the evacuation. Our family's safe locations are (list two potential locations):
- □ Each foster family home is responsible for having a location where they can go in the event of an evacuation. This location must be disclosed to the Case Manager and located in the foster home record at the agency office.
- Documentation of the evacuation will be maintained by the Licensed Child Placing Agency Administrator and will be placed in the Foster Home Record. This information will be shared with TDFPS Licensing, Contracts and CPS case workers.

- Return to the foster family home after an evacuation will comply with instructions of local officials. Foster parents will utilize personal vehicles to transport children.
- The Licensed Child Placing Agency Administrator is responsible for completing an Incident Report and forwarding appropriate documentation to TDFPS Licensing, CPS personnel, and Contract officials within 24 hours of the evacuation or disaster.

FIRE

- A floor plan of each foster home identifies two (2) possible exits (for example, a door exit and a window exit). Each foster family home will have a floor plan that identifies fire exits at their home. A copy of this plan will be submitted to the Licensed Child Placing Agency Administrator and maintained in the family home record at the Corporate Office of Anchor Family Services. Our family's two possible exits are:
- □ Foster families will have smoke detectors/and or alarms located throughout the home as directed by the local fire marshal in their area.
- □ Foster families will train developmentally appropriate children regarding the use of the telephone to call 911 in case of a fire emergency.
- □ Each foster parent is responsible for conducting fire drills when children are placed in their respective homes.
- Documentation of the family's fire safety plan will be shared with the child at the time of a child's admission.
- ☐ Fire exits and fire precautions will be reviewed with the family at quarterly monitoring visits.
- □ Foster parents will assist the children in exiting the foster family homes. Once at the designated meeting place, foster parents will account for all children to make sure everybody is out of the building/home never leave a child behind. Our family's designated meeting place is:

IF A FIRE OCCURS:

- Each foster home shall ensure children know what to do in the event a fire occurs, including exit options. Each
 foster home is equipped with smoke detectors or alarms in accordance with local fire marshal standards in
 each community in which a foster home is located.
- Foster parents and children will each know where fire extinguishers are located in the home. Foster parents
 will instruct the children as is age appropriate on the use of the fire extinguishers. Our family's fire
 extinguishers are located:
- 3. Foster parents will call 911 and instruct children that are old enough to call 911 in case of a fire.
- 4. The foster parents and children will exit the home quickly through the designated exits.
- 5. Get the children out immediately. Wrap infants in quilts or blankets, covering babies entirely.
- 6. Gather at the pre-appointed spot. Our family's pre-appointed spot is:
- 7. Count children when reaching your destination spot never leave a child behind.
- 8. If weather is inclement, if possible, assist children with outer clothing or insure they carry coats or blankets with them when exiting the home.

- 9. Once emergency services have responded, foster families will contact the Licensed Child Placing Agency Administrator and the Case Manager.
- 10. If the foster family needs to remain out of the home, the foster family will identify a place where they can stay out of danger until local authorities give clearance for the family to return. Information regarding the family's whereabouts in case of evacuation by fire occurring in the foster home will be maintained in the foster home record.
- 11. The foster family will notify the Child Placing Agency Administrator or Case Manager of the fire and the family's location in case of evacuation as soon as possible after the facts about the fire are known to the foster family.
- 12. Should fire cause damage to the property, or the family will need to remain outside their home, the Licensed Child Placing Agency Administrator will complete an Incident Report and forward to TDFPS Licensing, CPS personnel, and Contract officials within 24 hours of incident.
- 13. The Licensed Child Placing Agency Administrator will be responsible for communicating with the child's Placing agent during the time of fire.
- 14. If necessary, the children will be placed in a respite home if it is determined by Anchor Family Services Child Placing Agency Professional Staff and foster parents that respite placement is in the child's best interest. The child's managing conservator will be notified of the location of the respite home and the condition of the child.

WEATHER

- □ Each foster home will identify the safest location for parents and children to go. A copy of this plan will be provided to the Licensed Child Placing Agency Administrator and placed in the foster family home record at the Corporate Office of Anchor Family Services. Our family's safe location within the home is:
- Should weather cause damage to the foster family property, the Licensed Child Placing Agency Administrator should be contacted immediately. The Licensed Child Placing Agency Administrator is responsible for completing Incident Reports and forwarding to TDFPS Licensing and Contract officials within 24 hours of incident.
- □ As in the case of fire please use steps 11 14 in the Fire Section of this document.
- □ Foster parents will participate in emergency plan review quarterly at the time of the Foster Home Monitoring by Anchor Family Services Child Placing Agency Personnel.
- □ The Licensed Child Placing Agency Administrator will notify CPS of any take cover action taken by a foster family and which children in CPS custody are involved.

IF BAD WEATHER OCCURS:

- 1. A battery-operated radio and flashlight should be located in or near the take cover site in foster family homes.

 Our family's battery-operated radio and flashlight is located:
- 2. If possible, foster families should acquire some type of emergency lighting for their homes.
- 3. Keep the radio on during bad weather.
- 4. In foster family homes, foster parents will assist the children in gathering in the take cover place.

- 5. In the event of a flood, foster families will call the Licensed Child Placing Agency Administrator immediately upon reaching safety. In the event children need to be removed from the foster home during repairs and cleanup, the children will be placed in a respite home if it is deemed in the best interest of the child.
- 6. The Licensed Child Placing Agency Administrator will keep CPS aware of children's whereabouts during and after bad weather.
- 7. Count children when you get to your destination to ensure all children are accounted for never leave a child behind.

CHEMICAL OR HAZARDOUS MATERIAL SPILL

- □ In the event a chemical or hazardous material spill occurs in or near a foster family home, all children and foster parents will locate to an area away from the spill preferably indoors to avoid breathing the vapors and gases. Our family's safe locations are (list two possible locations, one in the home and one away from the home):
- □ The Licensed Child Placing Agency Administrator is responsible for completing Incident Reports and forwarding to TDFPS Licensing and Contract officials within 24 hours of the incident.
- □ In the event evacuation of a foster family home is required, procedures for a Mandated Evacuation by Local Officials will be followed.
- □ Foster parents and their case manager will review procedures for evacuation at quarterly monitoring visits.

IF A CHEMICAL OR HAZARDOUS MATERIAL SPILL OCCURS:

- 1. Children and parents will move indoors with windows and doors closed or to the front or back of the foster family home, depending upon the location of the spill.
- 2. All children and foster parents should remain in a safe location until advised by emergency personnel that it is safe to return to normal activities.
- In the event evacuation is required, foster parents must assist children in collecting clothing, medicines, baby needs, blankets, pillows, books/games flashlights and snack food. The children will be transported to a safe location outside the threatened area. Procedures for a Mandated Evacuation by Local Officials will be followed.
- 4. Licensed Child Placing Agency Administrator should complete Incident Report and forward to TDFPS Licensing and Contract officials within 24 hours of the incident.
- 5. Return to the foster family homes after an evacuation will comply with instructions from local officials. Foster parents are responsible for providing transportation for the children in their personal vehicles.

WEAPONS OF MASS DESTRUCTION EVENTS

If an international crisis should threaten to result in a nuclear attack, local officials will advise Jonathan's Place to evacuate in accordance with local authorities. Individual foster parents are required to follow their respective city guidelines.

- □ Foster family homes will identify a safe zone within their individual homes where children and parents can go in the event an attack should occur. Our family's safe zone is:
- Should evacuation occur, the Licensed Child Placing Agency Administrator will be contacted immediately after the family has reached safety. The Licensed Child Placing Agency Administrator is responsible for completing Incident Reports and forwarding to TDFPS Licensing and Contract officials within 24 hours of incident.
- □ Foster parents will inform their Anchor Family Services Case Manager or Child Placing Agency Administrator of their safe arrival at an approved shelter.
- □ At quarterly monitoring visits, foster parents will review their plans for evacuation with the Case Manager from Anchor Family Services.

If a Weapons of Mass Destruction Event Occurs:

- 1. A battery-operated radio and flashlight are located in foster family homes.
- 2. If possible, foster families should acquire some type of emergency lighting for their homes.
- 3. Keep the radio on throughout event for public service announcements or plans.
- Should evacuation be required, follow the guidelines for Mandated Evacuation by Local Officials, including informing Anchor Family Services Child Placing Agency Case manager or Child placing Agency Administrator.
- 5. Count children when you get to your destination to ensure all children are accounted for never leave a child behind.
- 6. Return to the foster family homes following an evacuation will comply with instructions from local officials. Foster parents are responsible for providing transportation in their personal vehicles.

ACTS OF TERRORISM

- □ In the event of acts of terrorism, local officials will advise persons in their area on the appropriate action to take.
- Should evacuation occur, the Licensed Child Placing Agency Administrator should be contacted as soon as the family reaches safety stating their whereabouts. The Licensed Child Placing Agency Administrator is responsible for completing Incident Reports and forwarding to TDFPS Licensing, CPS personnel, and Contracts within 24 hours of incident.
- □ Foster parents will review this plan with their Anchor Family Services Case Manager at quarterly monitoring visits.

If Acts of Terrorism Occur:

- 1. A battery-operated radio and flashlight should be located in foster family homes.
- 2. If possible, foster families should acquire some type of emergency lighting for their homes.
- 3. Each foster parent will determine a central location for children in their respective homes. Our family's central location is:
- 4. Keep the radio or television on throughout the event for public service announcements, plans and updates.

- 5. Should evacuation be required, follow the guidelines for Mandated Evacuation by Local Officials.
- 6. Count children when you get to your destination to ensure all children are accounted for never leave a child behind.
- 7. Return to foster family homes following an evacuation will comply with instructions from local officials. Once the family has returned home, they will immediately contact their Anchor Family Services Case Manager or Child Placing Agency Administrator of their safe return. Foster parents are responsible for providing transportation in their personal vehicles.
- 8. The Child Placing Agency Administrator will notify TDFPS, managing conservator, and CPS Contracts of the family's return.

CRITICAL EQUIPMENT FAILURE

- The most critical equipment with the possibility of failure at our agency is the computer server, where all documents and records are stored on behalf of the agency and its programs.
- □ All records for the cottages, business offices and foster family homes are backed-up on an external hard drive that is stored off-site and is rotated weekly. All files updated and created in the past seven (7) days are stored on-site.
- ☐ The server hard drives are mirrored, meaning there are two hard drives running simultaneously for the server. Therefore, if one crashes, the other is available for immediate use.
- □ The COO is responsible for maintaining the server and is notified whenever a problem arises at the various agency sites.

OTHER EMERGENCIES

- □ Personnel, children, and foster parents will be prepared in case of an accident or injury. Children will be taught to help themselves, each other, and adults who are in trouble.
- □ Getting immediate help for an injured child is crucial, foster parents cannot leave the other children to go get help. Even small children should understand the idea of getting help. Age-appropriate children (3 to 11) will be taught by foster parents how to utilize the telephone to call "911".
- ☐ Teach children how to use "911" as is developmentally appropriate.
- □ Personnel and foster parents will be CPR and First Aid Certified. Copies of certifications will be maintained in the family home record at the Corporate Office of Anchor Family Services.
- □ In the event of a serious injury or medical emergency, personnel and foster parents should contact "911" immediately.
- □ For foster homes, the foster parents will inform their Case Manager or the Licensed Child Placing Agency Administrator soon as possible and write an incident report and forward it to the Case Manager or Child Placing Agency Administrator within 24 hours of the injury.
- In the event the injury or illness is not an emergency, foster parents will call the child's primary care physician or their local emergency room for information on treatment and have the child seen as soon as possible.
- □ Children needing to be transported for medical emergencies shall be taken to the Children's Medical Center Emergency Room, if the child is new in placement and does not have a primary care physician. Foster

- parents are to instruct ambulance drivers to take children to Children's Medical Center. If a child needs to be transported by ambulance, a foster parent is to accompany any child leaving in an ambulance,
- Never leave children unattended to treat a sick or injured child. A foster parent shall remain with children at all times. The foster parent must go to the hospital with the child.
- Immediately following an emergency, an incident report must be completed and forwarded to the Case Manager or Child Placing Agency Administrator within 24 hours of the injury.
- During quarterly monitoring visits in foster homes, the foster parents and Case Manager are responsible for ensuring First Aid Kits and emergency equipment are checked/monitored for needed supplies, batteries, expiration dates, etc. Individual foster parents are responsible for ensuring medical equipment and/or supplies are available at their respective homes. Our family's First Aid Kit is located:

METHODS TO PROTECT AND RECOVER CHILDREN'S RECORDS

Children's records for children placed in Anchor Family Services foster homes will be located at the corporate office of Anchor Family Services at 132 Pleasant Hill Lane, Fate, TX 75187. Each foster family also has a child record for each child that is placed in their individual homes. Foster families will carry a copy of the child's record with them in case of disaster, injury, or evacuation. Children's records are also kept electronically by Kaleidacare. In addition, all foster family home records including identifying information, foster home location and contact information are also kept by Kaleidacare a web-based data base backed up in Austin.

POST DISASTER ACTIVITIES

- ☐ Transportation throughout a disaster will be provided by individual foster parents in their personal vehicles.
- □ Kitchens should be kept well stocked in order to avoid the possibility of running out of food during a disaster. If foster families are required to remain in their homes for an extended period of time.
- □ If evacuation is required, foster parents should collect snack food and drinks (if possible) for the children during the evacuation.
- Counselors and/or medical personnel will be retained following a disaster for evaluation of the children. Professionals are responsible for prescribing recommended treatment and./or follow-up services as necessary.
- The Jonathans' Place Disaster and Emergency Policy shall be reviewed and updated by the Licensed Child Placing Agency Administrator on a regular basis. Any changes that need to be made will be documented in the policy. Licensed Child Placing Agency Administrators are responsible for ensuring foster parents are kept informed of any changes to policy on an ongoing basis. Changes in this policy or procedures will be discussed with the foster parents at quarterly monitoring visits.

COMMUNICATION WITH DFPS AND CPS

DFPS or CPS may contact the following persons for information on the location of children and conditions of children placed in Anchor Family Services foster homes when a disaster occurs or when an evacuation is ordered by local authorities.

Conversely, Anchor Family Services Case Managers for the for the Foster/Adoptive Family Program or Licensed Child Placing Agency Administrator will inform CPS Caseworkers or Caseworker Supervisors daily of the condition of the children, their whereabouts and the foster family with whom they are placed during an evacuation. During the time of an evacuation that is wide spread, Anchor Family Services Child Placing Agency will utilize the following methods for contacting DFPS and Contracts of their whereabouts. They will contact the DFPS Website, or the DFPS Hotline when online reporting is not possible.

Information on children placed in Anchor Family Services foster homes please contact:

Anchor Family Services 469.248.5339

This contact list will also serve as the foster family's contact with the agency.

In addition, Anchor Family Services Licensed Child Placing Agency Administrators and/or Case Managers will remain in close communication with CPS caseworkers, caseworker supervisors, and the Residential Child Care Contract Manager. This flow of communication should begin with the first notification of imminent danger due to the approach of a hurricane or other disaster. Case Managers will inform DFPS and CPS officials of the children's reactions to the evacuation.

Anchor Family Services personnel will also work with other similar agencies located in different parts of the state that may not be affected by the imminent disaster to secure beds for children in its foster homes. It is Anchor Family Services expectation that if and when children must be evacuated, that Anchor Family Services foster parents will accompany the children and provide the needed supervision as prescribed in the Minimum Standards for Child Placing Agencies.

At all times, and to the best of their ability to communicate given the uncertainty of an imminent disaster, Anchor Family Services Child Placing Agency staff will keep CPS informed of all the children's whereabouts. CPA staff will have in their possession the names of CPS caseworkers, supervisors, and the Residential Contract managers in order to keep these entities informed. Foster parents will keep Anchor Family Services Case Managers or the Child Placing Agency Administrator informed of their whereabouts and the children's reactions to the evacuation. During the time of a disaster and evacuation, Anchor Family Services foster families will comply to the best of their ability with all court orders and other orders involving the children in care.

After the evacuation and during the evacuation as much as is applicable, the children will be provided with counseling services to assist them in processing the event.

- Foster Families will share their plans to return home after the all clear signal has been given by local authorities with their Anchor Family Services Case Manager or Licensed Child Placing Agency Administrator.
- Foster Families will inform their Case Manager or Licensed Child Placing Agency Administrator of their return giving information on the condition of the home following the disastrous event.
- Anchor Family Services Case Managers or Licensed Child Placing Agency Administrator will inform DFPS of the family and children's safe return.

 A copy of this plan will be gi Family Home Record. 	iven to all foster parents and	receipt of the plan will b	pe placed in the
PLEASE ATTACH A FLOOR EMERGENCY EXITS, AND A THE DESIGNATED MEETIN FIRE.	A DESIGNATED SAFE LOC	ATION IN THE HOME.	PLEASE INDICATE
THE CLIENT		DATE	
THE CLIENT		DATE	
Latest Revision 01/18/18	Page 9 of 9	file: CPA Policies/Forms/	Parent Files/Disaster Plan Template



Anchor Family Services, Inc.

Helping Children Weather The Storm

A 501C3 Child Placement
Agency

Home:	Date:	
Address:		_
Case Worker:		
Check One:	_Semi-Annual _Initial _Preliminary	
	FOSTER HOME SAFETY CHEC	KLIST
<u>GENERAL</u>		
-	service connected, phones working properly, ears are posted within view of phone.	easily & accessible.
Well water	clearance must be obtained if water is from a p	orivate source.
House app	ears reasonably neat and clutter free.	
Windows h	ave screens in good repair.	
Windows h	ave curtains or shades to provide privacy.	
Windows a	re intact and open windows can be closed with	out difficulty.
Carpets are	e clean and in good repair.	
Floors are	clean and in good repair.	
Ceilings, co	orners, closets, and window frames are free of	dirt and cobwebs.
Electrical so	witches and receptacles are in good working o	rder and has outlet covers in
Type of heavented, and able t	ating,, is in good to be turned off.	d working order, well

alternative modes of heating?
Air Conditioning system is operable and in good working order.
Hot water source is large enough for household needs and area around it is clean.
Fireplaces, wood stoves and open faced heaters shall be made inaccessible to children by the use of screens or other barriers.
Hot water is between 105 and 120 degrees at the faucets.
Smoke detectors are working, properly placed, and batteries are checked regularly (every 3 months). A working smoke detector must be present in each bedroom.
Hallways and bedrooms have clear passages, and all rooms including hallways, passages, and outside doorways and walkways have adequate lighting.
Furniture is free of sharp edges and broken pieces.
All doors, doorways and screen doors, especially outside are in good repair, and can be locked from the inside.
Flashlights are readily available in case of power failure and batteries are checked regularly (every 3 months).
If firearms or other weapons are owned and stored in the house, they are stored unloaded in a locked cabinet and ammunition is stored and locked in a separate location.
Fire extinguishers are readily available and fully charged. One fire extinguisher per floor is required. The minimum required capacity must be 2A10BC in size.
All food and solid wastes shall be stored in containers with tight fitting covers. They must be leak proof and rodent proof and maintained in a clean and sanitary condition.
KITCHEN
Lower cabinets must have safety latches if they contain anything dangerous or hazardous if children under the age of five are already in residence or are anticipated to be placed.
Home canned foods are processed in accordance with UCAES standards.
Diagram for fire drill is posted and practiced.
Refrigerator and freezer are in good condition and maintain appropriate temperatures to prevent food spoilage.
All food that has been prepared or opened (cans) is stored in airtight containers at appropriate temperatures.
Alcohol (beer, wine liquors) are stored in a locked cabinet.

Matches are stored in a place inaccessible to children.
Sharp tools such as scissors, knives, etc. are stored in a place inaccessible to children.
Counter, sinks and work areas are clean, sanitary and in good condition.
Stove/oven are free of grease and grime and operate properly.
Dishwasher (if present) is working properly at appropriate water temperature assuring sanitation.
One week supply of perishables and two weeks supply of staples/dry food on hand, and adequate space to store food. Fresh fruit, fruit juices and milk are always available.
Cooking and eating utensils are in good condition. Adequate place settings and seating in dining area for all household members to eat together.
Sufficient kitchen area for food storage and preparation according to the family's size.
<u>GARAGE</u>
Paint, thinner, combustibles, glue and gasoline are stored and locked up.
There is an adequate number of trash containers with lids.
Old appliances not in use that are stored on the premises are kept chained shut, locked, or have the doors removed.
Garage is uncluttered. If used for storage, items are stored in a safe manner with no loose materials left lying around.
Garage is kept locked.
If washer and dryer are on the premises, they work properly and the area is free from clutter. If no laundry facilities are on the premises, the plan for laundry is:
All chemical cleaners, disinfectants, insecticides, and other poisonous substances are stored away from food storage areas and locked up.
Power tools and equipment are stored safely and are inaccessible to children.
Vehicle(s) are operational with lights, horn and signals working.
Vehicle is able to transport all family members with seats and working seat belts for each passenger. Seat requirements for infants and children under 6 years or 60lbs are met.

BEDROOMS Upper tier bunk bed has railing. Children under five are occupying the lower bunk. There are no more than two children per bedroom. Children five years and older must share a room with a child of the same gender. _____ Children two years and older cannot share a room with an adult. No room commonly used for other purposes can be used as a bedroom and a bedroom cannot be a passage way to another room. No more than one infant can be placed in the master bedroom. Mattress & pillows are in good condition. Mattress and Pillow Covers Installed Clothing Inventory – A Clothing Inventory form will be completed at time of placement, termination and updated during the semi-annual and annual Home Safety Check. **BATHROOM** All medicines are in a locked box, inaccessible to children. First Aid kit is complete and stored in a conveniently reachable place. First Aid kit must contain tweezers, scissors, tape, band aids, gauze, antiseptic wipes, antiseptic ointment, thermometer (non mercury), cold pack, burn care packets, first aid non stick pads. elastic bandages/ace bandages, health care gloves, first aid guide. _____ Bathroom facilities are working properly, are clean and sanitary. Electrical appliances are not used or stored around sink or bathing areas. Adequate number of towels and linens are available for all household members. **GROUNDS** Spa, if applicable, has a lockable cover or is surrounded by a 5 foot fence with a lockable gate and is only used by children with adult supervision. Above ground pools must have a removable ladder that is removed when the pool is not in use, or a barricade preventing access to pool. Swimming pool at the home, condo, apartment complex or sub-division, is fenced with at least a four (4) foot high fence with a lockable gate. If a lockable cover is used, it has to support the weight of an adult. The lock is no more than 6 inches from the top Toxic pool maintenance products are kept in locked storage. Life preservers are readily accessible and the area is kept free of glass, sharp objects and debris. Fence, if applicable, is in good condition with no broken parts, sharp edges or points.

vehicles are kept locked, repaired promptly or towe	• •	llionai
Check children's home file for appropriate er clothing inventory, etc.)	ntries. (Medications, monthly	report form,
<u>SIGNATURES</u>		
Foster Parent	Date	
CaseWorker	Date	
CORRECTION PLAN:		
FFC (10/10 Updated)		

Texas Dept of Family and Protective Services

ENVIRONMENTAL HEALTH CHECKLIST

Form 2932 April 2004

Facil	ity Name	Facility Address	Telepho	ne No.	
		1			
			YES	NO	N/A
1.	Home and grounds are kent clean	and free of hazards to children			
2.		storage, and serving areas are kept clean			
3.		safely stored in other ways			
4.	•	water that meets the standards for drinking water of the Texas			
т.	Department of Health. If a private	well is used, the Texas Department of Health or local health			
5.		age disposal system. If a private sewage disposal system is used, the cal health department must be consulted if any problems arise			
6.	Plumbing appears to be in good w	orking condition			
7.	Home has hot and cold running wa	ater			
8.	There is at least one toilet, lavato	ry, and bathtub or shower inside the home			
9.	Bathrooms are kept clean				
10.	Soap and toilet paper are available	e in the bathrooms at all times			
11.	Each child has a clean towel avail	able, or paper towels are available			
12.	Garbage is removed at least once	a week			
13.	Garbage is kept in metal or plastic	c containers with tight fitting lids in an area away from the children			
14.	The home is kept free of insects,	mice and rats			
15.	The yard is well drained, with no s	standing water			
16.	The yard is kept free of garbage a	nd trash			
17.	The house is adequately ventilate	d and free from bad odors			
18.	Windows and outside doors kept of	open for ventilation are screened			
19.	where children under age 8 and cl	medicines, and other materials that can harm young children are kept hildren for whom these items might present an unusual danger cannot			
20.		ns used by children under age 8 and children for whom these outlets are safety outlets or have child-proof covers			
21.	present an unusual danger cannot	d where children under age 8 or children for whom these items might reach them, or have guards which keep children from touching the fan			
22.		orches, railings, playhouses, and other wooden structures do not have			
23.		ppery, and are kept dry when children are using them. Wood surfaces			
24.	Glass doors are marked at a child	's eye level to prevent accidents			
001	IMENITS:				

COMMENTS:



FAMILY FOSTER HOME FIRE SAFETY EVALUATION CHECKLIST

Purpose: This checklist is provided to specific foster family homes for the purpose of complying with Texas Health and Human Services Commission fire safety evaluation requirements. The use of this form is limited to foster family homes with six or fewer ambulatory children, all capable of self-preservation.

Directions: Please review the attached instructions prior to conducting the inspection. For more information, email RCCLSTAN@DFPS.STATE.TX.US.

HOUSEHOLD INFORMATION		
Name of Owner(s): Telephone Num	nber:	
Home Address:		
Item	Yes	No
1. Will there be less than seven children living in the foster home?		
2. Are all the children ambulatory and capable of self-preservation?		
3. Is a working smoke detector installed in each sleeping room?		
4. Is a working smoke detector installed in the hallway near the sleeping rooms?		
5. If the house is more than one story, is a working smoke detector installed at the top of the stairs?		
 6. Does each sleeping room and living area have at least one of the following secondary mean of escape other than the "front" or "back" door of the home? A) A door, stairway, passage, or hall providing unobstructed travel leading directly to the outside of the dwelling. B) An outside window no higher than 44 inches above the floor, located within 20 feet of outdoor space accessible to fire department apparatus, and with an opening that is at least 5.7 square feet in area, a minimum of 20 inches wide, and at least 24 inches tall C) A non-locking door into an adjoining room that has a means of escape described in A of B above. 		
7. Can a person travel from any room of the house to an exit that leads directly outside without having to pass through an interior door that can be locked?		
8. Can all primary exterior exit doors, windows used as a secondary means of escape, and any security bars incorporated with these primary and secondary means of escape be opened from the inside without the use of a key, tool, or special knowledge (security code, combination)?	n 🔲	
9. Are the closet doors equipped so that a child can open the door from the inside?		
10. If the bathroom door is equipped with a lock, can the door be unlocked from the outside durin an emergency?	g	
11. Can all bedrooms and living areas above the first floor be accessed by a standard set of stairs	?	
12. Are all gas, wood, or fuel fired heaters used in the home vented to the outside (unless listed a approved)?	nd	
13. Are heaters, including wood burning or gas log fireplaces, equipped with immovable screens o barriers to prevent contact with open flames and hot surfaces?	r 📗	
14. Are gas appliances (heaters, water heaters, stoves) equipped with metal tubing and metal connectors?		
15. Are all gas-fired heaters inspected annually by a qualified technician?		
16. Are combustible items (items that burn) stored away from any stove, heater, or fireplace in the foster home?	пе	

Form J-800-3003 Revised November 2017

Item		Yes	No
17. Are all lighters and matches kept out of the reach of children?			
18. Are flammable liquids stored in safety cans and kept away from h	eat and children?		
19. Is there an operable five-pound dry chemical fire extinguisher available for use in the kitchen and on every level of the home (if the home has more than one level)?			
20. Has a Home Fire Escape Plan been written, practiced, and documented?			
21. Does the electrical system appear to be in good condition?			
SIGNATURES			
Inspector:	Data Signadi		
Contact Information: Date Signed:			

WEAPONS INVENTORY

Weapons must be stored out of children's reach. Weapons are defined as explosive materials, firearms and projectiles, such as darts, arrows and BB's. The items must be locked at all times. Weapons and ammunition must be stored and locked separately, and precautions must be taken to ensure that children do not have access to either the weapon or the ammunition.

Weapon	as defined above: Stored Location	Ammunition	Stored Location
	following measures to ensure		ccess to the weapons or to
	ots a child requiring treatment tion (off the property):		
I agree to secure	weapons, as defined above, v	vithin my home as stated al	oove.
_			
Foster Parent Sig	nature	Date	
		24.0	
		-	
Foster Parent Sig	nature	Date	

PERSONAL REFERENCE FORM

ALL INFORMATION WILL BE HELD CONFIDENTIAL IN EVERY RESPECT

(Please Print)

FF	ROM: CONCERNING:
1.	In what capacity have you know the applicant? For how long?
2.	Do you have knowledge of how the applicant relates to children? Yes No If yes, please explain:
3.	Can applicant separate personal life from expectations as a foster parent ?
4.	Check as many of the following that describe the applicant:
	Domineering Nervous Friendly Assertive Tactful Leader Happy Aggressive Considerate Cooperative Reserved Moody Opinionated Follower Well-adjusted Arrogant Unhappy Stubborn Confident Lacks Confidence
5.	Would applicants have problems in working with any of the following: Racial minorities Females Males Handicapped Various religious preferences Explain:
6.	How well does the applicant finish projects and activities begun?
	Very well Well Average Fair Poor
7.	To your knowledge, has the applicant ever had a drinking or drug problem?
8.	Do you feel that the applicant is in a position to make a year-long commitment to a child?
9.	Would you be comfortable having the applicant serve as a Foster Parentto a child?
	ease use the back of this sheet to add any additional comments summarizing your view of the plicant and their ability to work on behalf of an abused child.
Si	gnature Date

ADULT CHILDREN REFERENCE

Name:	_	
Address:	_	
	_	
Phone:	_	
What is your age?		
What are your views of your mother/father growing up?		
What types of discipline were used?		
How do you feel about your parent(s) becoming a foster parent?		
_		
What are your parent(s) strengths/weaknesses?		
Signature	Date:	

Daily Routine and Leisure Time Activities

Date:	_ Foster Family:										
	SUN	MON	TUE	WED	THU	FRI	SAT				
wake											
Breakfast											
Room Clean-up											
Bath/Shower/Dress											
Off to School/Day Care/Pre-school											
School (results)											
lome from School/Day Care/Pre-school											
eisure Time (Therapeutic Recreation Log)											
łomework											
Chores (list)											
ob											
unch											
Dinner											

Family Activities (list)

Bedtime
Other (list)

Please return this form to Kids First, Inc. by the 30th day of a child's placement. We also need an updated routine at the beginning of the school year (Sept. 1), and at the beginning of the summer (June 1).

SAMPLE TASKS:

- ♦ ARISE
- ♦ HYGIENE
- **♦ ROOM CLEAN-UP**
- ♦ BREAKFAST
- ♦ SCHOOL BUS
- ♦ SCHOOL
- **♦ ARRIVE HOME**
- ♦ SNACKS/FREE TIME
- ♦ HOMEWORK
- ◆ CHORES
- **♦ SUPPER**
- **♦ CHORES**
- ◆ RECREATION
- ◆ FAMILY TIME (DEVOTIONS, MEETING, TV, BOARD GAMES, ETC.)
- ♦ SHOWERS
- **♦ LIGHTS OUT**

Please return this form to Kids First, Inc. by the 30th day of a child's placement. We also need an updated routine at the beginning of the school year (Sept. 1), and at the beginning of the summer (June 1).

FLOOR PLAN

Date:				_											Name:							
															Address	S:						
At le	east 4	by Foste 0 square at the loca	feet o	f indo	or livir	ng spa	ace p	er ch	nild	(excl	udes t			er child (80 nd kitchen)		r single chi	ld) in	each bedi	oom.	 Yes		
* Pleas	e des	signate	purp	ose (of ea	nch r	room)														
							ı															

To be filled out at application and again in the following instances: change in designation/purpose of rooms, change in the physical facility of the home, move to a new home.

Orientation Evaluation

	Date:	
Foster Family Name		_
Address		_
nstructor:		

About the Instructor < Likert scale >	5 Strongly Agree	4 Agree	3 Neither Agree nor Disagree	2 Disagree	1 Strongly Disagree	N/A Does Not Apply
1. Was well prepared for class.	0	0	0	0	0	0
2. Made effective use of class time.	0	0	0	0	0	0
3. Explained concepts and ideas clearly.	0	0	0	0	0	0
4. Answered questions in helpful ways.	0	0	0	0	0	0
5. Willing to assist foster parents.	0	0	0	0	0	0
6. Licensing criteria was clearly stated.	0	0	0	0	0	0
7. Made the course content interesting.	0	0	0	0	0	0
8. Increased my understanding of the Foster Care.	0	0	0	0	0	0
	5 Strongly Agree	4 Agree	3 Neither Agree nor Disagree	2 Disagree	1 Strongly Disagree	N/A Does Not Apply

About the Course < Likert scale >						
9. Objectives were clearly presented.	0	0	0	0	0	0
10. Expectations were clearly stated.	0	0	0	0	0	0
11. Materials were well-prepared.	0	0	0	0	0	0
12. The course was well-organized.	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0