



CFSA Resource Parent Reimbursement Request Form For Property Loss or Damage

Please refer to the instructions on Page 3. Each numbered item corresponds to the item of the same number on this form.

1. RESOURCE PARENT INFORMATION	Name#					
	Phone # (home)		(work)		(cell)	
	E-mail					
	PID #					
	Address	City			State	Zip
2. CHILD & SOCIAL WORKER INFORMATION	Child Name	Date of Birth		CFSA Client ID		
	Case Worker Name	Case Worker Agency				
	Case Worker Email	Case Worker Phone (work)		Case Worker Phone (cell)		
3. INCIDENT DATE & LOCATION	Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
	Address	City			State	Zip
4. RESOURCE PARENT'S INSURANCE PROVIDER (if applicable)	Insurance Company					
	Insurance Policy #					
	Insurance Agent Name					
	Telephone #					
5. PROPERTY DAMAGE INFORMATION	<i>Describe property that was damaged or destroyed. Attach photos of damage if available. An estimate must be attached for value, repair, or replacement cost of property listed.</i>					
	Property Description	Vendor Name	Vendor Phone	Purchase Date	Purchase Price	
6. WITNESSES						
	Name		Email Address		Phone #	
	Name		Email Address		Phone #	
Name		Email Address		Phone #		

7. DESCRIPTION OF THE INCIDENT AND DAMAGE					
8. REPORTING INFORMATION	Was the incident reported to:			Date Reported	Report Number
	The police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Insurance Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Other? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9. OTHER PERTINENT INFORMATION					
10. SIGNATURE	Printed Name of Resource Parent			Date	
	Signature of Resource Parent				
11. SOCIAL WORKER CERTIFICATION	<p>I hereby certify that I have observed the damage and that the above description of the damages is:</p> <p><input type="checkbox"/> Accurate and I support this reimbursement request.</p> <p><input type="checkbox"/> Not accurate and I do not support this reimbursement request.</p> <p>Comments:</p>				
12. APPROVALS	Printed Name of Social Worker			Date	
	Signature of Social Worker				
	Supervisor Signature				
	Program Manager Signature				
	Program Administrator Signature				

Resource Parent: Please attach all receipts, estimates and insurance claim statements for any damaged property listed above.
Agency Staff: Copies of the completed form must be provided to CFSA's Office of Risk Management and the Agency Fiscal Officer.

INSTRUCTIONS

1. RESOURCE PARENT

Provide the name, address, phone number, email address, and Provider ID number (social worker may provide if it is unknown to resource parent) of the resource parent.

2. CHILD & SOCIAL WORKER

Provide the name, date of birth and CFSA Client ID number of the child who caused the damage. Also include the name of the child's social worker and the name, email address and telephone number.

3. INCIDENT DATE & LOCATION

Give the day, month, year, time, and the complete address and location where the incident occurred.

4. RESOURCE PARENT INSURANCE PROVIDER

If the resource parent seeks remedy through an insurance claim, provide the names, addresses, telephone and insurance policy numbers for the insurance providers the claimant currently has in force. Attach proof that a claim was submitted to the insurance carriers and a copy of their disposition.

5. PROPERTY DAMAGE INFORMATION

Name and/or describe the property damaged or destroyed and provide photos of the damage if available and at least three estimates of costs to repair or replace from established firms or businesses, along with this reimbursement request form when submitted. Also provide the name, address and phone number of the firms which gave the estimates (a print-out of replacement cost from an online vendor is acceptable).

6. WITNESSES

Provide name, address and phone number, along with other information on any witness to the incident.

7. DESCRIPTION OF INCIDENT

Use another sheet of paper if necessary. Be as specific as possible. Provide the time, date, street addresses, name of everyone present and give as accurate a description as possible of the incident and damage, including what happened, when, where, why, and how the damage was caused by the child in care.

8./9. REPORTING INFORMATION/OTHER PERTINENT INFORMATION

Provide any other information you believe is pertinent to the reimbursement request, including contact information for any emergency services personnel who may have been contacted during the incident.

10. SIGNATURE

The Resource Parent of the child who caused the damage must sign the form, date, and return it to the child's social worker.

11./12. SOCIAL WORKER CERTIFICATION/APPROVALS

The child's CFSA or private agency social worker must review the reimbursement request and mark the appropriate box, sign and date it, and obtain chain-of-command approvals as outlined in the Administrative Issuance.