

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Welcome to the Child and Family Services Agency's new online system for completing licensing forms to become a Foster, Adoptive, or Kinship Parent!

Our new process both expedites the licensing process and helps you to easily document your efforts towards completion of foster care licensing requirements.

Once you have successfully entered all necessary information on the forms, you may choose between printing them out and bringing them to class **OR** you may email the forms to the Family Licensing Division. You may save the forms to your computer and email them to the Family Licensing Division at the email address listed below or simply utilize the online option for document submission by selecting the submit at the top of this page and the forms will be sent directly to our central email box at CFSA.LicensingDocs@dc.gov.

- ✚ If you have any questions about your forms, you may use the same email address above to ask for clarification. We will respond within 24 hours or the next business day!
- ✚ If you prefer to discuss your questions with a staff member, feel free to ask your foster parent trainer during any class session or your assigned licensing specialist.
- ✚ For resource parents who have finished training and have already been assigned to a social worker, please contact your social worker directly for questions.

Finally, the Family Licensing Division is dedicated to making sure your licensing experience is a positive one. Please contact us with any concerns!

Most importantly, we thank you for offering your valuable talents, time, and homes while partnering together with us to care for children in the District of Columbia.

PLEASE FORWARD ALL COMPLETED FORMS, DOCUMENTS, AND QUESTIONS
TO CFSA.LicensingDocs@dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



General Guidelines and Instructions for Completing Online Forms

FOR DC RESIDENTS ONLY (Maryland & Virginia residents will be given separate instructions in class)

1. ***Adoption and Foster Care Application*** – complete this form only once (one per family)
 - Print form and bring to orientation (To register for orientation call (202) 671-LOVE) **or**
 - Print form and give to CFSA recruiter, if you have scheduled an individual orientation
2. ***Apartment Management Letter*** – To be completed by property manager or landlord
3. ***Authorization for Release of Information*** – this form must be notarized and completed by each applicant
4. ***Basic Requirements*** – complete form as indicated, if a couple, both need to sign
5. ***Board and Care Agreement*** – complete form as indicated, if a couple, both need to sign
6. ***Child Protection Register Check (CPC)***
 - This form must be notarized and one form should be completed for each individual in the home, age 18 and older as well as your identified back-up care provider, if a DC resident.
7. **50 State Child Protection Clearance**
8. ***Clean Hands Certification***
 - If an applicant owes more than \$100 to the District Government (see specified reasons on form) and there is no verifiable repayment plan in place, the applicant may not move forward
9. ***Day Care Center/Family Day Care Home*** - complete form as indicated, if a couple, both need to sign
10. ***Emergency Back-up Form*** – identify trusted individuals able to provide temporary care in your absence
11. ***Employment Verification Form*** – Section A to be completed by applicant, Section B to be completed by employer; All applicants must provide proof of income; If self-employed, applicant must provide proof of income via bank statements and/or tax returns.
12. ***Fire Inspection Information Sheet***
13. ***Fire Inspection Regulations Letter/Fire Inspection Request*** – follow instructions as indicated on form
14. ***Fire Escape Drawing and Plan*** – complete form as indicated
15. ***Foster Parent Agreement*** – complete form as indicated

- 16. Lead Based Paint Inspection Request** – only required for applicants who want to care for children under the age of 6. If documentation is provided verifying the home/building was constructed prior to 1978, then a lead inspection is not required.
- 17. 50 State Police Clearance**
- 18. Local Criminal Background Check** – to be completed by each adult in the household age 18 and older
- 19. Local Criminal Background Check (Backup Caregiver)**– completed by your identified emergency back-up caregiver
- 20. Major Monthly Expense** – complete form as indicated, if a couple, both need to sign
- 21. Medical Report** – one form is to be completed by each household member age 18 and older
- 22. Medical (Child-Universal Health Certificate)** – one form is completed for each household member under age 18 and must include a TB risk assessment
- 23. Personal Profile: Family Profile – General Information** – one profile is to be completed per family
- 24. Personal Profile: My Family History** – each applicant completes an individual family history profile
- 25. Personal Profile: My Child Now – About the Child** – one form is completed for each child in the home
- 26. Personal Profile: Family Now - My Family Now - About Family Relationships**-one profile is completed per family
- 27. Personal Reference Letter**
- 28. Protection of Foster Children from Abuse** – complete form as indicated
- 29. Responsibilities of Foster Parent** - complete form as indicated
- 30. School Adjustment Form** – one form is to be completed for every school age child residing in your home

Please be prepared to provide your assigned home study social worker with the following documents/items:

- Picture ID (driver's license, passport or military id)
- Birth certificate
- Marriage certificate
- Divorce decree
- Death certificate (for spouse or child)
- Infant, Child & Adult CPR/First Aid will be required for all applicants, but may be taken through Child and Family Services at no cost. If previously certified, please provide verification. Only certification through the American Red Cross or American Heart Association will be accepted.

Remember to submit all documents online OR print out (single sided) all completed documents for submission on the 1st day of class

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Adoption & Foster Care Application

First Time Returnee

I am interested in:

(Please check one)

Foster Care Adoption Kinship Care

Applicant (Parent 1)

Last First MI DOB Male/Female

Spouse or Partner (Parent 2)

Last First MI DOB Male/Female

Address

Street Apt # Ward City/State Zip

Home Phone Email address: _____

(Parent 1) Work Phone (Parent 2) Work Phone

1. How long have you lived at this address: _____
2. Do you live within a 25-mile radius of Washington DC? Yes No
3. Do you reside in Section-8 Housing: Yes No or Transitional Housing Yes No

Personal Information

Parent 1

Parent 2

3. Place of Birth _____

4. Social Security _____

5. Religion _____

6. Highest Grade Completed _____

7. Race/Ethnic Origin _____

8. Number of Bedrooms _____

9. Insurance *(check all that you have)* Life Medical Auto Home

Children at Home

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Others in Home

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Sources of Income

Parent 1

Parent 2

10. Who is your primary Employer? _____

11. Annual Income _____

(√ Check all that apply)

Employment Self-Employment Social Security/Disability Retirement

SSI TANF or AFDC Child Support Other _____

Marital Status

12. Single Married Separated Divorced Dom. Partner Widowed LGBT Individual/Family (optional)

If married, date of marriage _____

Criminal History

13. Do you or anyone in your household have a trial pending for any charge? Yes No
If yes, please explain: _____

14. Have you or anyone in your household ever been convicted of a crime? Yes No
If yes, please explain: _____

15. Are you or anyone in your household currently on probation or parole? Yes No
 If yes, please explain: _____

16. Have you or anyone in your household ever been investigated for child abuse or neglect?
 Yes No If yes, please explain: _____

Medical History

17 Does either parent have any health condition for which you are or have recently received treatment? If yes, please explain:

Parent 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Parent 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

18. Are you currently or have you ever been an adoptive or foster parent? Yes No
 If so, where and when did you adopt/foster? DC MD VA Yes Other _____
 Date _____

19. Are you currently applying or have you ever applied to become an adoptive or foster parent through another agency? Yes No
 If yes, please explain and indicate the agency and date: _____

About the Child(ren) You Wish to Adopt/Foster (check all that apply)

Age Preference	Gender	Number of Children
<input type="checkbox"/> 0 – 5 years	<input type="checkbox"/> Male	<input type="checkbox"/> one
<input type="checkbox"/> 6 – 11 years	<input type="checkbox"/> Female	<input type="checkbox"/> two
<input type="checkbox"/> 12 – 21 years	<input type="checkbox"/> Either	<input type="checkbox"/> three
		<input type="checkbox"/> four
		<input type="checkbox"/> five or more

****Please Note CFSA Licenses all homes from 0-20 or 6-20 depending on Lead Paint Results**

20. Would you consider fostering or adopting any of the following: LGBTQ Youth
 Children with special medical/emotional needs Teenage mothers and their children

Comments/Remarks _____

Please Sign:

I attest to the best of my knowledge that all of the above information is correct and complete.

Parent 1

Date

Parent 2

Date

Please return this application to the recruiter during orientation fax or mail to:

**Child & Family Services Agency
Adoption & Foster Care Recruitment Unit
200 I Street Southeast
Washington, DC 20003
Fax: (202) 727-3348**

For more information call: (202) 671-LOVE (671-5683)

Referrals

1. How did you hear about this program? _____

2. Do you know a neighbor, friend or family member who is interested in adoption or foster care?

Name

Phone

Summary and Disposition

(For Office Use Only)

* Date referred to orientation _____

Home approved Yes No

* Date referred to training _____

Date home approved _____

* Date training completed _____

Comments

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Apartment Management Letter

Date: _____

To whom it may concern:

_____ (Applicant's name) has applied to the Child and Family Services Agency to become a foster/adoptive/kinship parent. The applicant must have the property owner's or his/her designee's permission in order to use the residence for the placement of children.

To be completed by the property owner or designee:

This is to verify that the lease for _____ (Address) is in the name of _____ (Lease holder). The occupancy capacity of this housing unit is approved for _____ (maximum number of occupants allowed in unit). Is this a Section-8, public housing or a subsidized housing unit? **(Yes or No)**. If this is a Section-8 unit, the form must be completed by the homeowner. If this is a public housing unit, the form must be completed by the property manager.

APPROVED: _____ DISAPPROVED: _____ DATE: _____

Name

Signature

Title/Firm/Property Management

Telephone

COMMENTS:

*Please note that homes being considered for the placement of children under the age of six (6) will be required to undergo a lead inspection (at no cost to the owner or lease). However, if the home fails the inspection, the lead has to be abated and the home certified lead safe before a child can be placed. Failure to complete the lead abatement may result in a fine assessed by the District of Columbia Department of the Environment (DDOE).

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Authorization for Release of Information

Name: _____

Date of Birth _____ Date _____

I, the undersigned, hereby authorize the release of the following information, which will be considered confidential, to a representative of Child and Family Services Agency.

1. Present and/or former employers.
2. Rental agencies, mortgage lenders, utility companies, landlords and resident managers.
3. School (public or private).
4. Official government records including, but not limited to, motor vehicle records, wage earnings, unemployment benefits, state and federal tax returns.
5. Hospitals, clinics, private doctors to determine any physical or medical condition affecting eligibility.
6. Social service agencies.
7. Out-of-town entity.
8. Other persons and/or agencies as necessary to determine resources, household composition, etc.
9. Child Protection Registry Clearances for the next five (5) years.
10. _____

All persons, firms, corporations, commissions, agencies and organizations of any kind, whether public or private, having knowledge of my financial, medical or other circumstances are hereby to answer in full any questions which may be asked by Child and Family Services.

Signed in Washington, D.C. this _____ day of _____ 20____

Signature of applicant or recipient

Signature of Notary Public

Notary Public

My commission expires on ___/___/___

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Basic Requirements to Maintain Your Foster Home License

1. The home must be in a sanitary condition.
2. Each child must have his or her own bed.
3. No more than three (3) children may occupy the same room without the specific consent from the Family Licensing Division.
4. Children over eighteen (18) months of age may not share a room with an adult.
5. Children over five (5) years of age may not share a bedroom with children of the opposite sex.
6. The home must be heated at an average temperature of 70 degrees during the winter months.
7. The home must have hot water.
8. The home must have electricity.
9. The home must have adequate toilet and bath facilities, (recommended one full bath for five occupants).
10. Children must have an adequate supply of clothing.
11. Meals must meet the basic nutritional needs of children according to current USDA standards.
12. There must be a first aid kit in the home at all times.
13. All children must receive prompt and proper medical treatment.
14. Caretaker(s) must have sufficient income of their own (aside from foster care payments) to meet their own needs.
15. Caretaker(s) must be in good health.
16. Caretaker(s) must receive an annual screening for tuberculosis.
17. Any change in the composition of the foster parent's family must be reported to their licensing worker.
18. No more than three (3) foster children may occupy a foster home at any one time without specific consent.
19. Serious illnesses or death of either foster parent must be reported to the Child and Family Services Intake Hotline at 202-671-SAFE.
20. The foster home must be inspected at least annually.
21. The foster home must have operable smoke detectors and fire extinguishers.
22. Firearms and ammunition must be stored in a locked cabinet or area not accessible to children.
23. The home must maintain working telephone services at all times.
24. Caretaker(s) must provide at least ten (10) business days notice to the agency when requesting the removal of a foster child from their home.
25. To maintain your license, caretaker(s) must complete thirty (30) hours of in-service training every two years.

These basic regulations were explained to me by the social worker/re-licensing worker whose signature is below. I understand that there are additional regulations that may be brought to my attention, from time to time, by the Family Licensing Division staff.

Signed _____
Foster Parent Date

Signed _____
Foster Parent Date

Signed _____
Family Licensing Division Staff Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



**Basic Agreement for Board and Care by Foster Parents
for Wards of the District of Columbia**

THIS AGREEMENT made in Washington, DC this _____ day of
(Date)

_____, 2_____, by and between the District of Columbia, hereinafter
(Month) **(Year)**

called "The District", and _____ and _____,
(Name) **(Name)**

Foster Parents, residing and maintaining a family home at:

_____,
(Address)

hereinafter called "Foster Parent".

WITNESSETH:

Par. 1. The Foster Parent (s) agrees to provide board and care including provision of food, shelter, laundry services, and supervision of wards of the District of Columbia. Child and Family Services and Foster Parent, shall mutually determine the appropriate child to be placed in the home.

Par. 2. The Foster Parent(s) agree that they will render the services referred to in Paragraph 1, to and for the child (ren) in their care, in the same manner as if the child (ren) were members of the Foster Parent family. Foster parent (s) will report any instances of known or suspected child abuse or neglect to Child and Family Services Agency.

Par.3. The District agrees to provide an initial clothing allowance, plus monthly payments for care and services per child at the following rates: *Note: Itemized listing unchanged.*

Foster Care Rates Effective January 1, 2014
Children age 11 and under

Level	Daily	30 Day Month	31 Day Month
Regular	\$33.04	\$991.20	\$1,024.24
Special	\$33.69	\$1,010.70	\$1,044.39
Handicapped	\$35.81	\$1,074.30	\$1,101.10
Multi-handicap	\$42.03	\$1,260.90	\$1,302.93

Children age 12 and over

Level	Daily	30 Day Month	31 Day Month
Regular	\$37.23	\$1,116.90	\$1,154.13
Special	\$38.56	\$1,156.80	\$1,195.36
Handicapped	\$41.23	\$1,236.90	\$1,278.13
Multi-handicap	\$48.58	\$1,457.40	\$1,505.98

Par. 4. The Foster Parent(s) agree to purchase and maintain adequate clothing and hygiene supplies for foster child(ren), based on the rates specified in paragraph 3.

Par. 5. The District agrees to provide medical and dental care for foster child (ren).

Par. 6. This agreement may be terminated by the Foster Parents by giving the District ten (10) days notice in advance; provided, however, that this Agreement may be terminated without notice in advance in the event of an emergency affecting the Foster Parents, such as illness, death or fire. The District reserves the right to terminate this Agreement, as to any one or more of the children received by the Foster Parents for care under this Agreement, without prior notice to said Foster Parents; however, the District agrees, except in the case of emergencies, to give the Foster parents sufficient notice when a child is to be placed elsewhere for them to plan and prepare for the removal of the child.

Par. 7. The District will make payment for board and care and for the services rendered by the Foster parents in accordance with the terms of this Agreement, the check to be drawn in the name of

(Foster Parent)

Par. 8. This Agreement shall be effective from _____ and continue in force from year to year; subject to appropriations by Congress, need for rate changes, and to the provision of Paragraph 6 relating to termination by the parties hereto.

_____, Program Manager

Foster Parent

Foster Parent

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Request for a Child Protection Register (CPR) Check

The purpose of the Child Protection Register is to protect children and to ensure their safety by maintaining an index of perpetrators of child abuse and neglect in the District of Columbia. This confidential index includes the names of individuals with substantiated and/or inconclusive findings from the investigative reports of the Child Protective Services Unit of the Child and Family Services Agency. Authorized individuals may request background checks to establish whether an individual has a record of substantiated abuse or neglect of a child that occurred in the District of Columbia.

- ▶ To request a local police clearance for the District of Columbia, please visit <https://mpdc.dc.gov/node/187552>.
- ▶ For information about the Sex Offender Registry, visit: <https://mpdc.dc.gov/service/sex-offender-registry>.
- ▶ If you are making a request on behalf of a state child welfare agency outside of the District of Columbia and need the history of a family previously living in the District of Columbia, you may call 202-671-SAFE.
- ▶ For other questions, call the CPR Unit at 202-727-8885 between 8:30 am and 4:30 pm Monday through Friday.

Read all instructions – incomplete, incorrect or illegible forms will be returned and your request may be delayed

- Do not complete an old version of the form; get the latest form at <https://cfsa.dc.gov/service/background-checks>.
- Mail or deliver original application (no photocopies); no faxed, emailed, or scanned applications accepted.

Part I

- Schools (other than DCPS), child care facilities, private foster care agencies, and other private, community-based organizations should select “Non-Government Organization” as the Requestor Type.
- CPR check results are not transferrable and cannot be shared from one agency or employer to another.

Part II

- If you have no middle name write “no middle name” or if a middle name is an initial, indicate “initial only.”
- If the answer to any question is none, write “N/A”.

Part III

- An individual must sign the form to provide consent for CFSA to release information to an authorized requestor.
- The form must be signed in blue ink; electronic signatures are not permitted.
- An employment request allows access to substantiated reports of child maltreatment, to chief executive officers or directors of day care centers, schools, or any public or private organization working directly with children, for the purpose of making employment decisions.

Part IV

- Forms shall be returned if not notarized (*Note: applications for prospective and current CFSA resource parents and kin caregivers need not be notarized, but photo ID must be provided and the form must be signed in the presence of a CFSA employee*).

Part V

- Self-check applications must be submitted in person, not by mail.
- Individuals requesting a self-check and CFSA resource parents and kin caregivers must present **one** non-expired, government-issued, photo identification: e.g., driver’s license, state identification card, passport, “green card”.
- Results of CPR self-checks may not be used for employment purposes. Employers must directly request CPR clearances for prospective or current employees.

MAIL or HAND DELIVER completed forms to:	Attn: Child Protection Register Unit Child and Family Services Agency 200 I Street SE, 3rd Floor Washington, DC 20003	Applications accepted between 8:30 am and 4:30 pm Monday through Friday
---	--	--

Please **type or print** clearly. Sign the form in **blue** ink, and date where indicated. Thoroughly review and submit to the CFSa CPR office. **Allow up to 30 business days** for results to be processed. Expedited requests will be considered on a case-by-case basis. **Forms will be returned** if incomplete, incorrect, or illegible resulting in a delayed response.

PART I: Requesting Organization/Employer Information

Request Date		Corrected Application Re-submission Date	
Requestor Type			
<input type="checkbox"/> Court	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Self (<i>personal use only</i>)
Purpose			
<input type="checkbox"/> Adoption	<input type="checkbox"/> Court Request	<input type="checkbox"/> Foster/Adoption Licensing	<input type="checkbox"/> Kinship Licensing
<input type="checkbox"/> Visitation	<input type="checkbox"/> Current Employee/Volunteer	<input type="checkbox"/> New Hire/Volunteer	<input type="checkbox"/> Other:
Requesting Organization/Employer Contact Information (results cannot be mailed to a P.O. Box)			
Requesting Organization			
Attention To			
Requestor Address			
Phone Number		Fax Number	
Preferred method to return CPR check results to the requesting organization		<input type="checkbox"/> By Mail	<input type="checkbox"/> By Fax

PART II: Applicant Information

Last Name (include suffix if applicable)	First Name	Full Middle Name (write "no middle name" if there is none)	
Date of Birth (MM/DD/YYYY)	Social Security Number (or USCIS/Alien Registration #)	Gender (on birth certificate)	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Other Names Used (nicknames, alias, maiden name, previous married name, legal name change, etc.)			

Household Information. List all persons living at the current address with the applicant (including students away at college).

Name (first name, middle name, last name)	Date of Birth	Relationship to Applicant

Previous Residency Information. List all addresses (excluding zip code) and the start and end dates, to the best of your ability. Indicate *L, W or M* in the first column (*L = lived, W = worked, M = received mail*).

- Applicants for employment or volunteer purposes must include all addresses of residence and where mail was received for the last five (5) years.
- Applicants for adoption, foster care, and kinship care must provide addresses for residency, receipt of mail and employment from the age of 18, per Title 29 DCMR Chapter 60 § 6009.1.
- To calculate the starting date for the previous addresses, add 18 years to the date of birth (e.g., If you were born in 1970, add 18 so addresses going back to 1988 must be provided).
- To help obtain previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

Current Address (include Street #, Apt #, Quadrant if applicable)		City	State	Zip

L W M	Previous Address (Include Street # and Apt #)	City	State	Start – End Dates (MM/YYYY – MM/YYYY)

PART III: Applicant Consent

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the Requestor (noted in Part I) information concerning me that is contained in the Child Protection Register ("CPR").

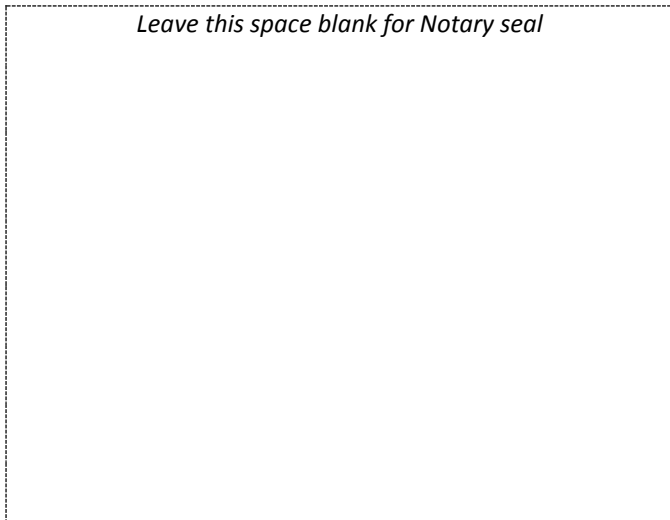
Printed Name: _____

Signature: _____

Must be signed in blue ink; electronic signatures not permitted

Date: _____

PART IV: Certificate of Acknowledgement of the Applicant before a Notary Public



Applicant Name
(Printed)

Applicant Signature
(must be signed in the presence of a Notary)

Date

Subscribed and affirmed or sworn to me, in my presence, on this _____ day of _____, 20__

Signature of Notary Public: _____ in the state of, _____

My commission expires on ____/____/____

PART V: Self Check, CFSA Resource Parent, and CFSA Kinship Caregiver Verification

CFSA USE ONLY: Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID		ID #	
CFSA Employee Name (print)			
CFSA Employee Title (print)			
CFSA Employee Signature			

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Child Protection Clearance for 50 States and DC

For DC families that desire to adopt, foster or serve as a kinship care providers – Please initial by **EACH** state in which you have **lived or worked** in the last **ten (10) years**. After initialing, please sign, date and return this form to your trainer or licensing social worker. Some states require that the social worker submit the request while others require the applicant to submit the request. Your licensing social worker will advise you on the policy for each state checked.

Alabama	<input type="checkbox"/>	Montana	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Nevada	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>
California	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	New York	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>
Florida	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Ohio	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	Oregon	<input type="checkbox"/>
Illinois	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>
Indiana	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>
Iowa	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>
Kansas	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Kentucky	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
Louisiana	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Maine	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Maryland	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Massachusetts	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
Michigan	<input type="checkbox"/>	Washington (state)	<input type="checkbox"/>
Minnesota	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Mississippi	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Missouri	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>

These are ALL of the states in which I have lived during the past ten (10) years. I understand that a child protection clearance is required for ALL of the states initialed.

Signature

Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
CERTIFICATION**

TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1966" (EFFECTIVE MAY 11, 1966, D.C. LAW 11-118, D.C. CODE § 47-2861 et seq.).

I, _____ certify that as of _____ I do not
PRINT NAME CLEARLY *DATE*

owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification

I understand that this Certification is now required as documentation to accompany my application for a license or permit and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

SIGNATURE OF APPLICANT

TITLE

SIGNATURE OF APPLICANT

TITLE

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Day Care Center/Family Day Care Home

Name of Resource Parent (s):

	Home Address	Home Number	
	Work Address/Work Site	Work Number	Cell Number
Resource Parent 1			
Resource Parent 2			

Three Day Care/Child Care Centers Foster Parent has identified

*Resource parents should select a facility near their home or work

1st Preference

Name of Center/Provider: _____ Contact Person: _____

Address: _____ Phone: _____

2nd Preference

Name of Center/Provider: _____ Contact Person: _____

Address: _____ Phone: _____

3rd Preference

Name of Center/Provider: _____ Contact Person: _____

Address: _____ Phone: _____

Time care is required: Before School After School All Day (check all that apply)

Resource Parent's Signature: _____ Date: _____

Resource Parent's Signature: _____ Date: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Emergency Back Up Form
For Kinship/Foster/Adoptive Parents

	Name	Address	Phone #
First Back-Up			
Second Back-Up			

Resource Parent's Signature: _____ Date: _____

Resource Parent's Signature: _____ Date: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



**Prospective Kinship/Foster/Adoptive Parent
Employment Verification Form**

Instruction: Section A of this form is to be completed by the applicant and submitted to his/her employer. The employer is to complete Section B and return to employee or mail the form to Child and Family Services Agency Foster Care Resources Administration - Family Licensing Division within (5) days.

The following employee has applied to become a kinship/foster/adoptive parent of children who are wards of the District of Columbia Child and Family Service Agency. We would appreciate you completing this form in order that we may have the benefit of your observations.

Section A – To Be Completed By Employee:

1. **Name of Employee:** _____

2. **Place of Employment:** _____

3. **Address:** _____

4. **Position:** _____

5. **Gross Salary:** _____ / _____ / _____
(Monthly) (Bi-weekly) (Weekly)

Length of Employment _____

I, _____, hereby consent for my employer to give
Employee Signature

the following information:

Section B – To Be Completed By Employer

1. Employer's Verification:

I verify that the information stated in Section A is correct incorrect
with the following changes:

Honesty and Dependability: _____

Additional Comments: _____

Employer's Name Printed: _____

Employer's Signature: _____ Date: _____

Title: _____

Place of Employment: _____

Address: _____

Telephone: _____

Please return form to the employee or mail to:

Child and Family Services Agency
200 I Street SE
Washington, DC 20003
Attn: Foster Care Resources Administration
Family Licensing Division

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



To: Kinship/Traditional/Adoptive Foster Parent Applicants
Re.: Fire Inspection Regulations
Date: January 1, 2014

The Child and Family Services Agency is grateful for your willingness to open your homes and your hearts to the children of the District of Columbia, whose lives have been touched by child abuse and neglect. The task to care for the needs of the children is a daunting one and your graciousness in partnering with us to meet this need is heart-felt and appreciated. The agency is well aware that we cannot do the work we do without you.

The Family Licensing and Training Division is the licensing arm of the Child and Family Services Agency. We work communally with you and other local District Government agencies to license homes that meet the District of Columbia Municipal Regulations (DCMR), as it relates to fire inspections. According to the DCMR Chapter 60, it states:

29-6007. GENERAL PHYSICAL ENVIRONMENT

6007.1 A foster home shall be free from all safety hazards, including fire, sanitation, and health hazards.

6007.28 A foster parent who lives in an apartment building shall obtain evidence from the building manager or landlord that the building has been approved for fire safety within the last two (2) years.

Each home must complete and successfully pass a fire inspection and meet with the District regulations in this and other areas. As of January 1, 2009, the fee for fire inspections is \$150.00 per home. We are working in partnership with the DC Fire Department to establish an agreement that will serve to meet the needs of the agency and promote compliance with the fire inspection regulations, to include inspections of all adoptive/traditional/kinship homes and those residences located within apartment buildings. Until such time as we have been able to establish this agreement, the fee for fire inspections of all foster/adoptive/kinship homes and apartment buildings shall be held in abeyance until further notice.

We appreciate your attention to this matter and will keep you informed each step along the way. Again, thank you for your support and patience as we move forward to a successful agreement.

Sincerely,

Anna M. Bell, LICSW, LCSW-C, LISW
Program Manager

FIRE INSPECTION INFORMATION



The Office of the Fire Marshal
Waterfront Complex
1100 4th Street, SW
Permit Center (2nd Floor)
Washington, DC 20024
202-727-1600

(Metro: Waterfront- Green Line)

Monday –Friday 8:30 am – 4:30 pm except Thursdays 9:30 am – 4:30 pm

You have **two (2)** options for requesting a fire inspection:

A. Apply **ONLINE** at www.fems.dc.gov

1. Click on Inspections & Permits
2. Click on Applications for Inspections and Permits (at bottom of page)
3. Click Application Type - Inspection
4. Click Inspection Type – Residential Foster Care Adoptions
(Selecting Residential Foster Care Adoptions automatically prompts waiver of inspection fee)
5. Complete rest of form in its entirety
 - Company - please enter Child and Family Services Agency - 200 I Street SE WDC 20003
 - Business Name – please enter your name
 - Service Location – please enter your address

B. Apply **IN PERSON**

1. Take Fire Inspection Regulation Letter (which is on the back of this form) to the address listed above.
2. Upon arrival, please indicate that you are in need of a fire inspection for a foster/adoptive home.
3. You will be provided with a number, when your number is called you will be given an Application for Service Request form to complete onsite. The original form will remain with the fire inspector and a copy given to you. This form has also been included in your packet to complete ahead of time if you like.
4. Provide a copy of the request form to your assigned licensing social worker or trainer.

Fire Inspections Are Time Sensitive Therefore Expeditious Submission Is Greatly Appreciated



District of Columbia Fire and EMS Department
Fire Prevention Division
1100 4th Street SW, Suite E-700
Washington DC 20024
(202) 442-4447 or (202) 727-1614



Revised: 3/26/12

Application for Service Request

<hr/> Name of Applicant and/or Company
<hr/> Address
<hr/> City/State/Zip
<hr/> Phone/Email

<hr/> Location of Service	<hr/> Event Name if Applicable
<hr/> Type of Service Requested	
<input type="checkbox"/> Commercial Inspection <input type="checkbox"/> Residential Inspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Special Event	
<input type="checkbox"/> Fire Watch <input type="checkbox"/> Site Safety <input type="checkbox"/> Other _____	

<hr/> Signature	<hr/> Date
<p>By completing and signing the application for a Fire Prevention Code Permit, the owner, agent, or representative hereby agrees to carry out the proposed activity in accordance with all applicable codes, laws, and regulations (DCMR Title 12 and IFC). The accuracy of the information furnished (i.e. construction documents, technical information, etc.) is the responsibility of the applicant.</p>	

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p align="center">Amount</p>	Check/MO Number: _____ Received: _____ Date: _____
<div style="border: 2px solid red; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p align="center">Permit Number</p>	Issued to Inspector _____ for inspection on _____
FM Approved _____ Date: _____	

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Fire Escape Drawing and Plan

Family Name: _____ Address: _____

	<p align="center">ESCAPE INFORMATION</p> <p align="center">PLANNING FOR ESCAPE</p> <p>Trace a floor plan of each room in your home on the graph. The normal escape may be blocked. Therefore plan two exits from every bedroom.</p> <ol style="list-style-type: none"> 1. Outline each bedroom including hallways. 2. Draw all windows, doors stairways and connecting rooms, which might be used to escape. 3. Mark the preferred escape route with heavy arrows and the secondary route with light arrows. 4. Arrange a place for all members of the family to meet outside the home (i.e. neighbor's driveway, nearby parking lot or any other location <u>away</u> from the home. <u>Tragically many people have died going back into a burning home looking for family members who were already outside.</u> 5. Be sure EVERYONE has an emergency escape route. Consider installing an escape ladder, re-arranging rooms and placing children closer to exits.
--	--

Fire Drills (Every 4 Months)

Date	Date	Date	Date
------	------	------	------

Our Family's Outside Meeting Place Is: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Kinship/ Foster/Adoptive Home Emergency Evacuation Plan

My house has _____ floors.

Basement: There are _____ bedrooms on the basement level. We will exit the bedroom(s) using the nearest window or the basement steps to the first floor in case of an emergency/fire.

First Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and exit the house through the front door. If unsafe or blocked by the fire, we will leave the house through the nearest exit.

Second Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and use the stairs leading to the front door and exit the house through the front door. If unsafe or blocked by the fire, we will exit the house through the nearest bedroom window. We recommend the use of a portable ladder.

Third Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and use the stairs leading to the front door and exit the house through the front door. If unsafe or blocked by the fire, we will exit the house through the nearest bedroom window. We recommend the use of a portable ladder.

My apartment is located on the _____ floor

Apartment/Home: There are _____ bedrooms in the apartment. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave through the bedroom door, exit the apartment through the front door, and use the stairs leading to the front entrance to exit the building. If unsafe or blocked by the fire, we will exit the apartment through the nearest bedroom window using the stairs/fire escape exit located outside the apartment unit.

Drills/Evacuation: All the above mentioned exits are kept freely accessible at all times. All foster children in the home will be taught the proper way to exit from our home, and we agree to hold four (4) fire drills a year. We currently have functional smoke detectors (that are checked monthly) and fully charged fire extinguishers on each floor.

Firearms and ammunition are stored in a locked cabinet or secured area not accessible to children. Please detail the secure location: _____

This plan shall be reviewed annually at the time of foster home evaluation and re-licensing.

Signed: _____
Kinship/Foster/Adoptive Parent

Date: _____

Signed: _____
Kinship/Foster/Adoptive Parent

Date: _____

Signed: _____
Social Worker/Re-Licensing Worker

Date: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Foster Parent Agreement

Agency Responsibilities:

1. Provide all available placement information including special supervision needs if applicable
2. Involve foster parents as partners in case and service planning
3. Assist Foster parents in advocating for all service needs for the child (e.g. school, medical)
4. Consider foster parents schedule whenever possible, while making appointments for child
5. All removals of children from foster parent's home will be done according to law
6. Provide 24 hour crisis support through the Mobile Crisis Stabilization Service (MCS)
7. Provide tool kit in handbook (provided after licensure)
8. Ensure timely and accurate stipends/reimbursements
9. Provide respite services
10. Assist with transportation when extenuating circumstances make it necessary
11. Provide procedures for foster parents to request emergency removals for safety/crisis reasons
12. Provide clear process, procedures, and supportive services to prevent placement disruptions
13. Provide quality, relevant, and competency based in-service training, including training on policy updates
14. Provide internal grievance process and information about appeal/fair hearing processes for placement changes, investigations, and service delivery
15. Provide clear guidance and information around emergency preparedness
16. Approve requests for travel and other activities within ten (10) days
17. Work with foster parents to develop permanency options and consider foster parents as potential options
18. Notify foster parents about court and administrative reviews
19. Feedback and transparency about concerns and usage of a foster parent's home

Shared Responsibilities:

1. Mutual respect
2. Planning towards permanency
3. Open lines of communication
4. Adherence to Practice Model

Foster Parent Responsibilities:

1. Follow policy requirements of foster parents
2. Informing agency about unusual incidents (including arrests, charges, and investigations)
3. Follow confidentiality policy
4. Maintain a current license; this includes attending 30 hours of in-service training every two years, notifying the agency of any household changes, and maintaining relevant insurance such as auto insurance
5. Follow appropriate medication procedures
6. Support a positive relationship with the child's birth family
7. Participate as part of the child's team
8. Foster for only one agency at a time
9. Have a back-up person
10. Follow policy on overnight visits
11. Follow the procedures to request the removal of a child
12. Provide child specific supervision
13. Support the child in practicing his/her own faith
14. Have an emergency disaster plan
15. Notify the agency when going out of town
16. Provide transportation for the child as outlined in CFSA policy

Family Licensing/Training Worker
Child and Family Services Agency

Date

Foster Parent

Date

Foster Parent

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Request for Lead Based-Paint Inspection
(Only for Families Desiring Children under the Age of 6)

Please Complete the Entire Form In Order To Process Your Request

Part 1

(Applicant Information) ***You Must** Include Your Ward and Zip Code

Type of Home

(Check One): OTI Kinship Traditional Adoptive Cog Temp

Name: _____ Provider ID # _____

Address: _____ APT: _____

*Ward: ____ *Zip Code: _____ Owner Renter, if renter provide owner name, address
and phone number _____

Home # _____ Work/Other #: Parent 1: _____ Parent 2: _____

Was your home built prior to 1978? Yes No

Name/Age of child(ren) in the home _____

Part II

(To Be Completed By the Referring Worker)

Referring Worker: _____ Phone #: _____

Supervisors Name: _____ Phone#: _____

Date Request Submitted: _____

Is this a court ordered case (please circle correct response): Yes No

If yes attach a copy to this request

Date of Next Court Hearing? _____

*Please note that homes identified as containing lead will be required to be abated and certified as lead safe before a child age under the age of six (6) can be placed. Failure to complete the lead abatement may result in a fine assessed by the District of Columbia Department of the Environment (DDOE).

For further information contact:

Simone Sibert
Lead Based Paint Specialist
202-727-7318
simone.sibert@dc.gov

200 I Street, SE, Washington, DC 20003
www.cfsa.dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



FBI and DC MPD Local Criminal Background Checks Application

Name of Applicant _____ Provider ID # _____
Name(s) that will be on the License Request will not be processed without

Person Requesting Criminal Background Check _____
Family Licensing and Training Unit Staff only

Date of Request ___/___/___ Livescan Operator _____ Date of Livescan ___/___/___ Booking# _____

Name of Person being fingerprinted: _____
(Please Print Clearly) Last First Middle Name

Date of Birth: _____ Male Female Race _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ State of Birth: _____

Social Security Number: _____ Country of Citizenship: _____

Photo ID Type: _____ Number: _____
Driver, Military, Government, State Issued

Home Address: _____ Washington, DC

Phone Number: _____
Home Work Cell
Only if you can be reached

I confirm that the above information is true to the best of my knowledge and agree to undergo a criminal background check including but not limited to the DC Metropolitan Police Department (MPD) and the FBI.

Signature: _____

List everyone in the home that is 18 years or older (please DO NOT Include yourself)

_____	_____
_____	_____
_____	_____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



FBI and DC MPD Local Criminal Background Checks Application for
Backup Child Caregiver Form

Name of Applicant _____ Provider ID # _____
Name(s) that will be on the License Request will not be processed without

Person Requesting Criminal Background Check _____
Family Licensing and Training Unit Staff only

Date the foster home provider(s) were fingerprinted Provider #1 ____/____/____ Provider #2 ____/____/____

Date of Request ____/____/____ Livescan Operator _____ Date of Livescan ____/____/____ Booking# _____

Name of Person being fingerprinted: _____
(Please Print Clearly) Last First Middle Name

Date of Birth: _____ Male Female Race _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ State of Birth: _____

Social Security Number: _____ Country of Citizenship: _____

Photo ID Type: _____ Number: _____
Driver, Military, Government, State Issued

Home Address: _____
Street City/State Zip

Phone Number: _____
Home Work Cell
Only if you can be reached

I confirm that the above information is true to the best of my knowledge and agree to undergo a criminal background check including but not limited to the DC Metropolitan Police Department (MPD) and the FBI.

Signature: _____

List everyone in the home that is 18 years or older (please DO NOT Include yourself)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Out-of-State Local Police Clearance for 50 States

For DC families that desire to adopt, foster or serve as a kinship care providers – Please initial by ***EACH*** state in which you have ***lived or worked*** in the last ***ten (10) years***. Local police clearances from these states will be needed. Prospective applicants will be responsible for obtaining police clearances from these states. These clearances may generally be requested online from the respective police jurisdiction. After initialing, please sign, date and return this form to your trainer or licensing social worker.

Alabama	<input type="checkbox"/>	Montana	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Nevada	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>
California	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	New York	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>
Florida	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Ohio	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	Oregon	<input type="checkbox"/>
Illinois	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>
Indiana	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>
Iowa	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>
Kansas	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Kentucky	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
Louisiana	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Maine	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Maryland	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Massachusetts	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
Michigan	<input type="checkbox"/>	Washington (state)	<input type="checkbox"/>
Minnesota	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Mississippi	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Missouri	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>

These are ***ALL*** of the states in which I have lived or worked during the past ten (10) years. I understand that I am responsible for obtaining local police clearances for ***ALL*** of the states initialed.

Signature

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Major Monthly Expenses for Prospective Kinship/Foster/Adoptive Parents

Instruction: Applicants are to complete this form and return it to the home study or re-licensing worker. Fill in all blanks. Use "None" or "N/A" (not applicable), as appropriate.

Name:

Parent I _____ Parent II _____

Address: _____

Place of Employment

Parent I

Parent II

Address _____

Address _____

Phone _____

Phone _____

Annual Income

Parent I _____

Parent II _____

Salary

Salary

Mortgage: _____

Monthly Payment

Name(s) on Deed

Rent: _____

Monthly Payment

Name(s) on Lease

Other property payments (if applicable) _____

Utilities

Gas: _____

Electricity: _____

Oil: _____

Telephone: _____

Cable: _____

Child support: (if applicable) _____

Car Payment (s): _____

Insurance

Car: _____
Name of company Policy Number Drivers License

Parent I

Parent II

Life: _____

Health: _____

Home/Apartment: _____

Loans/Credit Cards: _____

Food: _____

Miscellaneous (i.e. cell phone, clothing, entertainment):

Miscellaneous (i.e. cell phone, clothing, entertainment):

Total Net Monthly Income: _____

Total Monthly Expenses: _____

*subtract expenses from income

Total Remaining Monthly Income: _____

Signature _____

Signature _____

Date _____

Date _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



**Medical Report for Applicant and All Members 18 Years of Age or Older
Residing In Prospective Foster / Adoptive / Kinship Home**

Name: _____ Sex: Male Female

Date of Birth: _____ Telephone #: (____) _____

Address: _____
Number Street Apt# (if applicable)

City State Zip code

I have examined the above-named person and certify that he/she is:

1. Free from disease in communicable form.
2. In satisfactory physical condition, which will permit close association with children, without danger to them.

In addition to the above questions the following tests need to be completed:

Tuberculin test (by the Mantoux method) Date: _____ Result: _____
Chest X-Ray (in a positive reactor) Date: _____ Result: _____

Comments _____

Findings

Please provide a summary of medical, emotional or substance abuse problems or condition, if any, which may affect the individual's ability to work with or provide care for children.

Recommendations:

Based on this examination, it is my professional opinion that the above individual is medically and emotionally fit to work with or provide care for children.

Yes No

Comments _____

Signature of Physician or Nurse Practitioner: _____

Address of Physician or Nurse Practitioner: _____

Telephone number: (____) _____

Date of Examination: _____



DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Part 1: Child's Personal Information

Parent/Guardian: Please complete Part 1 clearly and completely & sign Part 5 below.

Child's Last Name:	Child's First & Middle Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race/Ethnicity: <input type="checkbox"/> White Non Hispanic <input type="checkbox"/> Black Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other _____
Parent or Guardian Name:	Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Home Address:		Ward:
Emergency Contact Person:	Emergency Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	City/State (if other than D.C.):		Zip code:
School or Child Care Facility:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other _____		Primary Care Provider (PCP):	

Part 2: Child's Health History, Examination & Recommendations

Health Provider: Form must be fully completed.

DATE OF HEALTH EXAM:	WT <input type="checkbox"/> LBS <input type="checkbox"/> KG	HT <input type="checkbox"/> IN <input type="checkbox"/> CM	BP: _____ (^{<3 yrs}) <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Body Mass Index (BMI) (^{>2 yrs}) % _____
HGB / HCT <i>(Required for Head Start)</i>	Vision Screening Right 20/____ Left 20/____	<input type="checkbox"/> Glasses <input type="checkbox"/> Referred	Hearing Screening Pass _____ Fail _____	<input type="checkbox"/> Referred
HEALTH CONCERNS:		REFERRED or TREATED	HEALTH CONCERNS:	REFERRED or TREATED
Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Language/Speech <input type="checkbox"/> NONE <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Seizure	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Development/ Behavioral <input type="checkbox"/> NONE <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Diabetes	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Other _____ <input type="checkbox"/> NONE <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
ANNUAL DENTIST VISIT: (Age 3 and older): Has the child seen a Dentist/Dental Provider within the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred				

A. Significant health history, conditions, communicable illness, or restrictions that may affect school, child care, sports, or camp.
 NONE YES, please detail: _____

B. Significant food/medication/environmental allergies that may require emergency medical care at school, child care, camp, or sports activity.
 NONE YES, please detail: _____

C. Long-term medications, over-the-counter-drugs (OTC) or special care requirements.
 NONE YES, please detail (For any medications or treatment required during school hours, a Physician's Medication Authorization Order should be submitted with this form)

Part 3: Tuberculosis & Lead Exposure Risk Assessment & Testing:

TB RISK ASSESSMENTS	<input type="checkbox"/> HIGH → <input type="checkbox"/> LOW	Tuberculin Skin Test (TST) DATE:	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	If TST Positive <input type="checkbox"/> CXR NEGATIVE <input type="checkbox"/> CXR POSITIVE <input type="checkbox"/> TREATED	Health Provider: POSITIVE TST should be referred to PCP for evaluation. For questions, call T.B. Control: 202-698-4040
LEAD EXPOSURE RISKS	<input type="checkbox"/> YES → <input type="checkbox"/> NO	LEAD TEST DATE:	RESULT:	Health Provider: ALL lead levels must be reported to DC Childhood Lead Poisoning Prevention Program: Fax: 202-481-3770	

Part 4: Required Provider Certification and Signature

<input type="checkbox"/> YES <input type="checkbox"/> NO	This child has been appropriately examined & health history reviewed. At time of exam, this child is in satisfactory health to participate in all school, camp or child care activities except as noted above.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	This athlete is cleared for competitive sports.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Age-appropriate health screening requirements performed within current year. If no, please explain: _____ _____	
Print Name	MD/NP Signature	Date
Address	Phone	Fax

Part 5: Required Parental/Guardian Signatures. (Release of Health Information)

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government Agency.		
Print Name	Signature	Date

DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Student's Name: _____ / _____ / _____ Date of Birth: _____ / _____ / _____
Last First Middle Mo. /Day/ Yr.

Sex: Male Female School or Child Care Facility: _____

Section 1: Immunization: Please fill in or attach equivalent copy with provider signature and date.

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN							
	1	2	3	4	5			
Diphtheria, Tetanus, Pertussis (DTP, DTaP)								
DT (<7 yrs.)/ Td (>7 yrs.)								
Tdap Booster								
Haemophilus influenza Type b (Hib)								
Hepatitis B (HepB)								
Polio (IPV, OPV)								
Measles, Mumps, Rubella (MMR)								
Measles								
Mumps								
Rubella								
Varicella			Chicken Pox Disease History: Yes <input type="checkbox"/> When: Month _____ Year _____					
			Verified by: _____ (Health Care Provider)					
			Name & Title					
Pneumococcal Conjugate								
Hepatitis A (HepA) (Born on or after 01/01/2005)								
Meningococcal Vaccine								
Human Papillomavirus (HPV)								
Influenza (Recommended)								
Rotavirus (Recommended)								
Other								

Signature of Medical Provider _____ Print Name or Stamp _____ Date _____

Section 2: MEDICAL EXEMPTION. For Health Care Provider Use Only.

I certify that the above student has a valid medical contraindication to being immunized at the time against: (check all that apply)

Diphtheria: () Tetanus: () Pertussis: () Hib: () HepB: () Polio: () Measles: () Mumps: () Rubella: () Varicella: () Pneumococcal: ()

HepA: () Meningococcal: () HPV: ()

Reason: _____

This is a permanent condition () or temporary condition () until ____/____/____.

Signature of Medical Provider _____ Print Name or Stamp _____ Date _____

Section 3: Alternative Proof of Immunity. To be completed by Health Care Provider or Health Official.

I certify that the student named above has laboratory evidence of immunity: (Check all that apply & attach a copy of titer results)

Diphtheria: () Tetanus: () Pertussis: () Hib: () HepB: () Polio: () Measles: () Mumps: () Rubella: () Varicella: () Pneumococcal: ()

HepA: () Meningococcal: () HPV: ()

Signature of Medical Provider _____ Print Name or Stamp _____ Date _____

TIPS-MAPP Family Profile

Part 1- General Information

	Prospective Parent 1	Prospective Parent 2
Name		
Social Security #		
Date of Birth		
Race/Ethnicity		
Gender		
Occupation		
Employer		
Employer Address/ Phone		
Hours of work		
Highest Grade Level Completed		
Marital/Committed Status		
If married or committed, date and place of ceremony		
Religious Affiliation		
Email Address		

Home Address: _____

Home Telephone: _____ Cell Phone Parent #1: _____

Cell Phone Parent #2: _____

Directions to Your Home: _____

My Family Now -- Others in the Home

(Use additional paper if necessary.)

Name	Date of Birth	Gender	Race/ Ethnicity	Occupation/ School Grade	Relationship to Parent 1	Relationship to Parent 2

My Family Now -- Our Adult Children Living Away From Home

(Please write names and addresses for each. Use additional paper if necessary.
If other than biological, specify relationship.)

1.	2.
3.	4.

Sensitive Subjects

As a partner in the foster care or adoption team, you may find that the 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 and adoption 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 or drugs.

Because we are making a very important decision together about your family's fostering or adopting, 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 questions in the Profile as openly and as honestly as you can. Thank you.

Family Motivation and Personal Loss:

1. What has initially brought you or motivated you to your decision to apply to become a foster and/or adoptive parent(s)?

2. What type of experience do you have with children, either with children you are currently parenting or with other's children?

3. Have you ever applied for foster care or adoption previously? Have you ever had an adoption home study completed?

4. If yes to question #3, what agency did you work with and what was the outcome?

Agency Location	Outcome of Contact

5. If you are married or a part of a couple, what losses have you experienced together? For example, have you experienced the loss of fertility or the death of a close family member or friend during your time together as a couple?

6. How did you cope with the losses you experienced together?

7. What significant personal losses have you experienced as an individual in your lifetime? How did you cope with your emotions during this time(s)?

Prospective Parent 1: _____

Prospective Parent 2: _____

Has anyone in your family ever been convicted of a felony?

1. Has anyone in your family ever been convicted of a felony?

Yes No If "yes," please explain:

Financial Information on Household Members

1. Please describe how financial decisions are made in your family and give an example:

2. Is your family experiencing heavy debt or financial stress due to creditors or lawsuits?

Yes No If "yes," please describe how this is affecting you and your family.

3. Have you ever filed for bankruptcy?

Yes No If "yes," please describe when and why it occurred.

4. Will you be able to financially provide for your family as well as for one or more additional children for six to eight weeks until the first foster care maintenance payment arrives?

Yes No

Comments: _____

5. List all sources of family income in the table:

Income amount (before taxes)	Earned by	Source of income
Total Monthly Income		\$

6. Does your family have medical and vehicle insurance coverage?

Yes No

Please list the type of coverage and insurance company:

Auto: _____

Home: _____

7. Are you willing to place an adopted child on your health insurance coverage? [

Yes No

Comments: _____

Medical and Personal Information on Household Members:

1. Is any family member currently under the regular care of a doctor?

Yes No If "yes," please explain:

2. Is anyone in your family taking medicine prescribed by a doctor?

Yes No If "yes," please list medications and reasons for taking them

Name of
person taking
medication

Name and dosage of
medication

Reason for medication

Name of person taking medication	Name and dosage of medication	Reason for medication

3. Does any family member have any serious or chronic medical condition? [

Yes No If "yes," please explain.

4. Does any family member now have, or previously had, nervous or emotional difficulties?

Yes No If "yes," please explain.

5. Is any family member currently under the care or receiving services from a psychologist, psychiatrist or other therapist?

Yes No If "yes," please explain.

6. Does any family member use drugs (other than prescribed by a doctor)?

Yes No If "yes," please explain.

7. Has any family member received treatment for drug abuse?

Yes No If "yes," please explain.

8. Does any family member drink alcohol? If yes, what is the frequency and approximately how much alcohol is consumed?

Yes No If "yes," what is the frequency and approximately how much alcohol is consumed? _____

9. Has any family member received treatment for alcoholism?

Yes No If "yes," please explain.

10. Has any family member experienced sexual abuse or attack?

Yes No If "yes," please explain.

11. Has any family member ever been sexually involved with a child?

Yes No If "yes," please explain.

12. Is any family member planning to be admitted to the hospital soon?

Yes No If "yes," please explain.

13. Please list the name, address and phone of family physician(s):?

References

Please give three references who have known you for three years or more. Relatives may be given, but only one reference should be a relative. Please include at least one reference from school personnel if you have school-age children, as well as one employer reference.

Employer Reference:

Name _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

School Reference:

Name of School _____

Child's Name and Grade Level _____

Teacher's Name _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

Relative Reference:

Name _____

Relationship _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

References

Personal Reference:

Name _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

Other Reference:

Name _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

Special Projects

There are several things we need you to attach to the back of your Profile.

1. Please give us a picture of you and all members of your household (pets, too, if possible). We would like a picture of your house too, so you may want your picture to be in front of your house, or give us a second photo of the house itself. These photos may be used to prepare a child who would come to your family.
2. Please write a short letter to a child who might be coming to live with you, telling the child some things that you think they might want to know about your family. The picture and letter would be used by a child welfare worker who places a child in your home to help prepare the child and the child's birth family for your family. You will have an opportunity to make any changes to this letter at the end of the meetings, if you wish.
3. Please also write a short letter or note to the parents of a child who may be placed with you. In this note, please tell the parents some things about yourself that would help them trust you to take care of their child.
4. Scrapbook. Many foster and adoptive families have found another fun way to help prepare a child to move into their homes. The family makes a scrapbook or album with pictures of where family members and the child would sleep, eat, play, etc. Notes here and there might tell what the family does for fun or where the child will go to school. This album can really help you and the child welfare worker make the placement less scary for the child. Why not start yours today?

All information in this Profile is true and complete to the best of my knowledge.

Date

Signature

Signature

All adults who will share parenting responsibilities must sign the Profile.

**Personal Profile
Prospective Foster or Adoptive Parent**

**Personal Profile
My Family History**

(To be completed individually by the prospective foster or adoptive parent)

Name of person completing this section: _____

1. Who were all the people who lived with you (birth date and relationship) when you were between the ages of:

A. Birth through five years old:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

B. Six through eleven, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

Personal Profile (continued)
Prospective Foster or Adoptive Parent

C. Twelve through fifteen, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

D. Sixteen until you left home, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

2. Was there anyone not in your home or immediate family with whom you were especially close, and why?

3. Of all the people you listed in Questions 1 and 2, where are these people now and how often are you in contact with them? (use extra paper if needed)

4. Of all the people listed above, to whom were you the closest and why?

Personal Profile (continued)
Prospective Foster or Adoptive Parent

5. What ages of your childhood did you like most, and why?

6. What ages of your childhood did you not like, and why?

7. With whom did you have the most difficulty getting along, and why?

8. When you were growing up, what were ways for members of your family to show the following feelings:

A. Happiness _____

B. Love/Affection _____

C. Anger _____

D. Disappointment _____

E. Frustration _____

F. Sadness/Depression _____

G. Stress _____

Personal Profile (continued)
Prospective Foster or Adoptive Parent

9. Compared to other families you have known, both as a child and as an adult, would you say your family was happier or less happy than most families?

10. What family traditions with which you grew up do you still keep today, and why? Are there new traditions, and why?

11. Are there family traditions with which you grew up that you do not keep, and why?

12. Think back to the time when you left home to be on your own

A. How old were you? _____

B. Why did you leave? _____

C. How did you and your family feel about your leaving? _____

13. If you have been previously married or lived together in an intimate relationship, please complete questions 13-16. If not, go to question 18.

Personal Profile (continued)
Prospective Foster or Adoptive Parent

	Marriage or Relationship #1	Marriage or Relationship #2
Name of Spouse or Significant Person		
Date of Marriage or Beginning of Relationship		
Place of Marriage		
Reason Marriage or Relationship Ended (e.g., divorce, death)		
Date Marriage or Relationship Ended		

List other marriages or significant relationships here:

Personal Profile (continued)
Prospective Foster or Adoptive Parent

14. Please list any children you have, from previous marriages or relationships, who do not currently live with you.

Name	Date of Birth	Where they live, with whom	Relationship to you (birth child, stepchild, adopted, not legally related)

15. What contact do you have with the persons listed in Questions 13 and 14? How do they feel about your desire to become a foster parent or adoptive parent?

16. Identify your emotions about the ending of your marriage(s). Describe how you handled those emotions.

17. If you have remarried, or entered into a new relationship with someone other than your children's father/mother, how did your children adjust to the new person?

Personal Profile (continued)
Prospective Foster or Adoptive Parent

18. How did you meet your spouse or the person with whom you are living?

19. How long have you:

A. Known each other? _____

B. Been married or coupled? _____

C. Been living together? _____

20. What do you think was the main reason you married or entered into a relationship with this person and the main reason you have stayed together?

21. What do you like most about your spouse or partner? What do you think your spouse or partner likes most about you?

22. What would you most like to change about your spouse or partner? What do you think your spouse or partner would like to have you change?

23. What do you most like about being married and/or committed to someone?

Personal Profile (continued)
Prospective Foster or Adoptive Parent

24. What do you least like about being married and/or committed to someone?

25. What would make you want to consider a divorce or an ending of the relationship?

26. How much time during the week do you and your spouse or partner have alone together, and do you think this is enough time?

27. What was the biggest disappointment or loss you have had in your life and how did you cope with it?

Who is aware of this loss? _____

28. How and by whom were you disciplined

A. as a child under the age of six? _____

B. as a child when you were between six and twelve? _____

C. as a child when you were as an adolescent? _____

Personal Profile (continued)
Prospective Foster or Adoptive Parent

My School and Work History

1. How many grades did you complete in school (junior high, high school, college, graduate school)?

2. If you did not complete high school, what were the reasons?

3. If you have attended college, what was your field of study and what degree did you receive?

4. What kinds of school experiences did you like most (for example, what subjects, what activities)? Please explain.

5. What parts of school were most difficult for you (what classes, what activities)? Please explain.

6. How important will grades and school performance be for the child placed in your home?

Personal Profile (continued)
Prospective Foster or Adoptive Parent

7. What are your school expectations for a child placed in your home?

8. How do these expectations differ from those you have of your own children?

9. Since leaving school, please list (from first to current job).

Places You Have Worked	Job Title	Length of Stay	Reason for leaving

10. Of all the jobs listed, which did you like best and why?

11. Of all the jobs listed, which did you like least and why?

Personal Profile (continued)
Prospective Foster or Adoptive Parent

12. If you are currently employed, please describe your job?

A. What do you do at work? _____

B. How long would you like to keep this job? What are your plans to look for another job within the next few years?

C. How do you think becoming a foster parent or an adoptive parent might affect your work?

Personal Profile (continued)
Prospective Foster or Adoptive Parent

**My Interests in and Expectations
of Foster Parenting or Adopting**

1. What made you think about becoming a foster or adoptive parent at this time?

2. Have you ever been in foster care? _____ Were you adopted? _____

Do you know anyone who has been in foster care or adopted? _____

If yes to any of these questions, please explain. _____

3. If yes, how did your own experience or contact with these people affect your interest in foster care or adoption? _____

4. What do you believe to be the major differences between foster care and adoption?

5. If you are interested in only foster care, what helped you decide to provide only foster care?

6. If you are interested in possibly adopting through the foster care program, what are your concerns? _____

Personal Profile (continued)
Prospective Foster or Adoptive Parent

7. If you are interested in only adopting, why do you prefer to adopt rather than foster?

8. If you are interested in becoming a foster parent, under what circumstance (if any) might you later consider adopting a child? _____

9. If you are interested in becoming an adoptive parent, under what circumstance (if any) might you later want to foster? _____

10. Are you or have you experienced fertility issues? Yes No
If no, are you planning to have a child or children by birth in the future? Yes No

If yes to either question, please explain _____

11. As you think about becoming a foster or adoptive parent:

A. What do you think you will like most? _____

B. What do you think you will like least? _____

C. What do you think others in your family will like best and least about having a new child in your home? _____

Personal Profile (continued)
Prospective Foster or Adoptive Parent

12. If you have parenting experience, what have you enjoyed most about being a parent?

13. What have you disliked most about being a parent? _____

14. What childhood ages do you or would you most enjoy parenting? _____

15. What childhood ages do you or would you least enjoy parenting? _____

16. What forms of discipline do you find to be most effective? _____

17. Under what circumstances do you think it is OK to spank or physically discipline a child?

18. Please list any agencies which you have previously contacted to become a foster parent or adoptive parent.

Agency/location	Outcome of contact

Personal Profile (continued)
Prospective Foster or Adoptive Parent

19. Imagine that today is the day you are going to meet the child or children who will be placed in your home. Please describe this child: age, sex, personality, appearance, family background, siblings, etc.?

20. Have you ever been a parent to someone else's child? _____

Personal Profile

(To be completed by the prospective foster or adoptive mother or father for each child in the home.)

My Child Now – About the Child

Name of person writing this section: _____

Name of child: _____

1. Please give five words that best describe this child: _____

2. How does this child show:

A. Happiness _____

B. Love/Affection _____

C. Anger _____

D. Disappointment _____

E. Frustration _____

F. Sadness/Depression _____

3. What does this child most like to do? _____

4. How would your child's teachers describe the child? _____

5. What do you do most with this child? _____

Personal Profile (continued)
My Child Now – About the Child

6. What does this child think of foster care or adoption? _____

7. In what ways will your foster care or adoption experience be good for this child?

8. What are some of the concerns you may have about how foster care or adoption will affect this child? _____

9. What is the biggest disappointment or loss this child has ever experienced, and who or what helped this child with it? _____

Personal Profile
Young Person 12 and Older

Personal Profile
My Opinion

(For a young person 12 years of age and older)

Dear _____:

Hello. I am a child welfare worker from a Department of Social Services, a place that helps children and families. My job is to find families for children whose parents can't take care of them. Your parents have talked with you about having such a child come to live in your home. I am going to try to find the child who would fit into your family.

You can help me to do this by telling me something about yourself. Would you please answer the questions on this next page so that I can learn more about you?

Thank you for helping me.

Sincerely,

Personal Profile (continued)
Young Person 12 and Older

1. Please give five words that describe your personality: _____

2. Please give five words that describe how you look: _____

3. In what ways are you like your parents? (Both your Mother and Father.)

4. In what ways are you different from your parents? (Both your Mother and Father.)

5. What do you like best about school?

6. What do you like least about school?

7. Do you like to spend your time with lots of friends, a few friends or mostly by yourself?

8. If a new child comes to live with your family, what will you tell your friends about who the new child is?

Personal Profile (continued)
Young Person 12 and Older

9. Imagine that today I am bringing the new child to live at your house. What do you hope this new person will be like?

Boy or Girl: _____

How old: _____

Likes to do: _____

Looks like: _____

10. Imagine that today I am bringing the new child to live at your house. As I am driving over, what would you like for me to tell this child about you and your family?

11. What would you like to know about the child or children?

Personal Profile
Young Person under 12

Personal Profile
My Opinion

(For a child under 12 years of age)

Dear _____:

Hello. My job is to find families for children whose parents can't take care of them. Your parents have talked with you about having such a child or children come to live in your home. I am going to try to find the child who would fit into your family.

You can help me to do this by telling me something about yourself and your family. You can tell me in one of two ways.

You can draw a picture of you, your house, and your family. In this picture, would you please draw in the new child or children who would be coming to live with you?

or

You can write a story about you, your home, and your family. Would you please include the new child in your story?

Please write your story or draw your picture on the back of this page. Thanks!

Sincerely,

Name _____

Age _____

My Family Now – About Family Relationships

(The following information should be filled out together by all the adults in the family)

1. How do you think having a child in your home will change you and/or your family's lifestyle?

2. In your current family structure, what are ways you show the following emotions? For single individuals please also list the people in your life now who would be most likely to know if you were feeling :

A. Happiness _____

B. Love/Affection _____

C. Anger _____

D. Disappointment _____

E. Frustration _____

F. Sadness/Depression _____

G. Stress _____

3. How are decisions made in your family?

4. For couples what causes the most arguments, and how are arguments ended?

Family Profile: Part II (continued)

5. How is work in your family divided up, and what happens when someone doesn't want to do their part?

6. If you have children now in your home? (If no children in home, skip to question 7)

A. Who takes care of your child(ren) when you are not at home? _____

B. How will this plan change after a child is placed in your home? _____

C. If you and/or partner had a serious illness or injury, or you died, what arrangements have you made for the care of your birth child(ren), children you are fostering or adopting? Are these plans in the form of a written or verbal agreement?

7. If you or your family had some kind of financial, emotional, or health problem whom could you or do you turn to for help?

8. What reaction does this person have to your desire to become a foster family or adoptive family?

Family Profile: Part II (continued)

9. How do you think becoming a foster family or adoptive family will affect the following situations:

A. The amount of free time you have or the amount of time you and your partner have alone together? _____

C. The amount of time you have with the children already in your home? _____

D. The ways chores are divided in your household? _____

E. The condition of your home? _____

F. The way you or your family members express feelings of anger, disappointment, stress, and sadness/depression _____

G. The amount of money you have? _____

H. Your relationship with your friends? _____

10. What do you think will be the most positive change foster care or adoption will have on you, your relationship with your partner or your family?

Family Profile: Part II (continued)

11. What parts of foster care or adoption do you think might be most difficult for you, your relationship with a partner or your family?

12. If you are currently single and were to get married, what impact would being a foster parent or adoptive parent have on your marriage plans?

13. What role does spirituality or religion play in your life?

14. How difficult would it be for you to help a child continue in a religion other than your own? What if the child has no formal religious experience?

15. Our agency tries to place children with families who can best meet the needs of the child. We match your strengths and descriptions of the type of child you can best parent with the children who need placements. Please describe the child that you feel would best fit into your family. Be as specific as possible. Consider the following in responding to this question:

What would the child look like?

16. Would the child you described be accepted by your relatives, friends and neighbors? Why or why not?

Family Profile: Part II (continued)

How would you help the child fit into your family while feeling good about who he or she is?

What are your experiences with people who are different from you or your family? What experiences have you had with other cultures?

17. How can you help a child maintain connections with a culture that is different from your own?

For single parents:

1. How long have you been a single parent? _____

2. What were the circumstances that caused you to be a single parent?

3. Who are the important adults/role models in your child(ren)'s lives in addition to you?

Family Profile: Part II (continued)

My Family – About The Home And Community

1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

2. Every family has rules (for example: no swearing, no walking around the house barefoot). Regarding the rules in your home:

A. What rules can sometimes be broken? _____

B. What rules can never be broken? _____

3. Describe any pets you have. Please give the type of pet, name, and how long the pet has been in your family.

4. If a child placed with you were afraid of your pet(s), or became allergic to the pet, what would you do?

5. How do you handle privacy and nudity in your home?

Family Profile: Part II (continued)

6. What is your relationship with your neighbors?

7. Have you mentioned your interest in becoming a foster or adoptive parent to your neighbors?

Yes No

If yes, how do your neighbors feel about your becoming a foster family or adoptive family?

8. Who are the people who most regularly visit your home or whose homes you regularly visit?

9. How have these people reacted to your desire to become a foster or adoptive family?

10. Type of home (check one):

Apartment Duplex Single-Family House

Mobile Home Other _____

11. How long have you lived in your present home? _____

12. Please draw a floor plan of your home and identify the room where a new child would sleep. (This floor plan may be used by a child welfare worker to help the child get ready to move into your home.)

13. Is your house free of lead paint? Yes No

Comments: _____

Family Profile: Part II (continued)

14. Where are smoke alarms located? _____

15. Do you have private well water? Yes No

If yes, how often is it tested? _____

16. How do you get to the following places?

A. Grocery store _____

B. Doctors' offices _____

C. Hospital _____

D. Department Store _____

E. Place of worship _____

17. Do you have a car seat for infants and toddlers? Yes No

If you do not have one and you are interested in fostering or adopting infants and toddlers, how will you arrange to have and use one for them? _____

18. How many children can your car hold? _____

19. What are the ways in which a new child placed in your home might cause some challenges or concerns in keeping your home and housekeeping standards?

20. Have you discussed your desire to foster or adopt with close relatives?

Yes No

If yes, how did they react? If no, what are your plans? _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Reference Letter

Foster Parent #1: _____

Foster Parent #2: _____

The above named individual has applied for a license to become a kinship/foster/adoptive care parent and provided your name as a character reference. Please answer the questions listed below and return the completed form to our office.

1. What is your relationship to the applicant and how long have you known him/her?

2. How often do you have contact with the applicant? (Daily? Weekly? Monthly? Etc.)

3. Have you ever seen the applicant interacting with children? If so, please describe the circumstances:

4. Have you ever observed the applicant disciplining children? If so, please describe the circumstances and the type of disciplinary techniques used:

5. What skills or abilities does the applicant have that would be helpful in caring for children?

6. Would you have any concern for the safety or well-being of any child left in the care of the applicant?
 Yes No If yes, please explain:

7. If you have (or had) children, would you allow the applicant to care for them?
 Yes No If yes, please explain:

8. Describe this person's/couple's ability to do the following: **Please give an example of each.**

Communicate:

Problem solve:

Work cooperatively with others:

9. What is this individual's/couple's greatest strength in caring for children?

10. What do you feel is this person's/couple's greatest challenge might be in caring for children?

Information provided will be kept confidential and it is to be used solely for the purpose of evaluating the applicant.

Thank you for your cooperation in completing this letter. Please sign and date this form. List your telephone number and return the letter in the enclosed envelope.

Reference Name Printed

Reference Signature

Reference Contact Number

Date

This form should be returned to the applicant in a **sealed** envelope with the your signature across the seal of the envelope.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Protection of Foster Children from Abuse

Foster parents are responsible for protecting the children in their care from abuse, neglect and other risks to the child's health or safety. In order to ensure this, the Child and Family Services Agency ("CFSA"):

- Requires foster parents to teach and guide the foster child using techniques that stress praise and encouragement. Foster parents are prohibited from using any form of corporal punishment. For further information, see "Use of Appropriate Discipline and Control by Foster Parents".
- Requires foster parents to report suspected child abuse or neglect to the CFSA HOTLINE (202-671-7233)
- Requires staff of the child placing agency under which a foster home operates to report suspected child abuse, neglect or a risk to the child's health or safety.
- Investigates all reports that a foster child may be abused or neglected, or may have their health or safety at risk.

Definitions of child abuse and neglect

"Child abuse" is the infliction of physical¹ or mental² injury upon a child, or the sexual abuse,³ exploitation, negligent treatment or maltreatment of a child by the child's parent, guardian or custodian. Child abuse does not include discipline that is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. Child abuse includes, but is not limited to:

1. Physical injury that is bodily harm greater than transient pain or minor temporary marks.
2. Mental injury that is harm to a child's psychological or intellectual functioning. This harm may be exhibited by severe anxiety, depression, withdrawal, or outwardly aggressive behavior, combination of those behaviors, and which may be demonstrated by a change in behavior, emotional response, or cognition.
3. Sexual abuse, meaning:
 - Engaging in, or attempting to engage in, a sexual act or sexual contact with a child;
 - Causing or attempting to cause a child to engage in sexually explicit conduct; or
 - Exposing a child to sexually explicit conduct, which is actual or simulated sexual act, sexual contact, bestiality, masturbation, or lascivious exhibition of the genitals, anus or pubic area;
 - Burning, biting, or cutting a child
 - Striking a child with a closed fist
 - Inflicting injury to a child by shaking, kicking, or throwing the child
 - Non accidental injury to a child under the age of 18 months
 - Interfering with a child's breathing
 - Threatening a child with a dangerous weapon or using such a weapon on a child

4. Child neglect has occurred when a child's parent, guardian or custodian abandons the child, or fails to make reasonable efforts to prevent the child's abuse. Child neglect also occurs when:
- A child is without proper parental care or control, sustenance, education, or other care or control necessary for the child's physical, mental, or emotional health, and the deprivation is not due to parent or guardian or custodian's lack of financial means.
 - A child's parent, guardian, or custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity.
 - A child's parent, guardian, or custodian refuses or is unable to assume responsibility for the child's care, control, or subsistence and the person or institution that is providing for the child states an intention to discontinue such care.
 - A child is in imminent danger of being abused and another child living in the same household or under the care of the same parent, guardian, or custodian has been abused.
 - A child receives negligent treatment or maltreatment from his or her parent, guardian, or custodian.
 - A child has resided in the District for at least 10 calendar days following his/her birth, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian, or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship, or custodial relationship or contact with the child;
 - A child is born addicted to or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth;
 - There is a controlled substance in a child's body as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian.
 - A child is regularly exposed to illegal drug-related activity in the home.

Reporting abuse or neglect

District law requires certain persons to report to CFSA their belief that a child may be abused or neglected. The rules governing the licensing of foster parents require foster parents to make such reports. A report must be made as follows:

- The report must be made to the CFSA Hotline at (202) 671- SAFE (7233).
- The report must include the child's name, date of birth and address, as well as all the factors that have led to child's abuse or neglect. The report must also include that the child is in foster care, and the foster parents name, address and telephone number.
- If the foster parent is licensed through a child placing agency other than CFSA, the foster parent must also report the suspected abuse or neglect to that child placing agency.
- A child placing agency employee who receives information or makes a personal observation of suspected abuse or neglect in a foster home, or who has any other information indicating a suspected risk to a foster child's health or safety from a foster parent or in a foster home, must also report.

Investigation of Reports of Abuse, Neglect, or Other Risks to a Foster Child's Health or Safety

District law, including the foster home licensing rules, requires CFSA to investigate reports of suspected abuse or neglect, including suspected abuse or neglect in a foster home and any other information indicating a suspected risk to a foster child's health or safety from the foster parent or in the foster home.

The investigation will include interviewing the child, interviewing all other children in the care of the person who is responsible for the alleged abuse or neglect, or mistreatment, and interviewing the adults who were involved in the child's care. It will also include interviewing the foster parent and all other persons who either reside in the home, or who are a regular presence in the home.

In the course of the investigation, CFSA will take whatever steps are necessary to protect the children involved in the investigation. If the investigation discloses that a child has been abused, or is neglected or is at risk of abuse or neglect, or the child's health or safety are at risk, CFSA's actions may include removing the children from the foster home, and suspending or revoking the foster home license. In addition:

- Additional foster children may not be placed in the foster home until the investigation is completed and CFSA determines it will continue to license the home.
- If any foster child remains in the foster home, the CFSA or the child placing agency under which a foster home operates must visit the foster home at least once a week as long as any foster child remains in the home and until a decision is made concerning the continued use of the home.
- CFSA must discuss its findings from the investigation with the foster parent.

Within five (5) business days after completion of the investigation, CFSA must make a written decision concerning the continued use of the foster home. CFSA must send written notice of the outcome of the investigation to all parties related to the case (foster parent (s), attorneys, social worker (s)).

Child and Family Services Agency Office of Licensing and Monitoring staff, as well as the child's social worker, are available to provide additional guidance concerning the protection of foster children from abuse and neglect and other risks to a foster child's health or safety.

I have read and understand the document "Protection of Foster Children from Abuse, Neglect and Other Risks to Health or Safety", and agree to abide by it.

Applicant name printed

Applicant signature

Date

Applicant name printed

Applicant signature

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



The Responsibilities of the Foster Parent

According to Child and Family Services Agency Policy and DC Chapter 60 Municipal Regulations foster parents have numerous day-to-day responsibilities for the children in their care. These duties are to:

- A. Ensure that the child is transported to all planned activities.
- B. Provide the child with a safe, clean, hazard-free environment.
- C. Ensure that the child (ren) is available for regular home and office visits with social workers. Foster parents need to provide social workers with advance notice of appointments where their assistance in transporting child (ren) is needed.
- D. Assist in the development and update of the child's case plan.
- E. Assist the worker to secure all necessary medical care, including dental and vision services on a preventive, routine, emergency, and follow-up basis.
- F. Ensure that the child attends school on a regular basis.
- G. Provide three (3) nutritious meals and healthy snacks each day. Adhering to specialized diets if needed.
- H. Assure that the child has age appropriate, seasonal, and well fitting clothing.
- I. Provide the child with a bed of his/her own.
- J. Encourage the child to maintain a strong sense of birth family identity and assist with visitations between the child and his/her family.
- K. Participate in all significant meetings, including court hearings and administrative reviews.
- L. Report all unusual incidents to the social worker within twenty-four hours.
- M. Communicate, in a timely manner, with the social worker any changes that would impact case plan activities.
- N. Notify the social worker at least seven (7) days in advance of any planned, out-of-town travel over one hundred (100) miles.
- O. If there is a need for emergency travel, immediately advise the social worker, or his/her supervisor, of the travel plans. If both are not available, contact the GAL or a hotline social worker at **202-671-SAFE (7233)**.
- P. Provide a wide array of recreational and/or cultural activities, with others (i.e. family, friends, and groups.)
- Q. Offer the child (ren) opportunities and experiences to enhance their ability to develop independent living skills.

- R. Allow opportunities and experiences for worship.
- S. Respect and maintain the confidentiality of the child (ren) and his/her family during and after placement.
- T. Obtain Child and Family Services Agency approval for the child (ren) to participate in media activities, (i.e., TV, newspaper, radio interviews.)
- U. Cooperate with agency staff and adhere to license regulations.
- V. Maintain current medical records, reports, authorization cards/forms, etc., in a safe and confidential file within the foster home.
- W. Record in the foster parent case file, the administration of all medications to a child
- X. **Notify the social worker or a hotline social worker at (202) 671-SAFE (7233) immediately if the child (ren) has a serious illness or an injury requiring medical treatment.**
- Y. Dispense medications prescribed by a child (ren) physician, in accordance with the directions provided, and notify the social worker of any new prescriptions or dosage change within two (2) working days.
- Z. Complete thirty (30) hours of in-service training every two years.

I have read and understand the responsibilities of fostering children who are wards of the District of Columbia. I agree to adhere to these duties and responsibilities as outlined.

Signature (Parent 1)

Date

Signature (Parent 2)

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



School Adjustment Report

Date: _____

Parent/Guardian: _____

The above named individual(s) applied to become a kinship/foster/adoptive parent through the Child and Family Services Agency of Washington, D.C. As part of the assessment process, information is obtained on the child who currently resides in their home and is under their daily care and supervision. Therefore, we would appreciate you completing the School Adjustment Report on their child _____
Name

Below is a Release of Information signed by the parent/guardian. If there are any questions, please

contact: _____ at _____.

I/We hereby consent to the release of information, by the school districts within Maryland, Washington, DC or Virginia, about my child to the DC Child and Family Services Agency.

Parent/Guardian

Date

Parent/Guardian

Date

RETURN FORM TO:

Child and Family Services Agency
Foster Care Resources Administration
Family Licensing Division
200 I Street, SE
Washington, DC 20003
Room 3658

The School Adjustment Report is to be completed in narrative by the Teacher or Counselor.

Date: _____

Name of School: _____

Teacher/Counselor: _____

Child: _____ Grade Level: _____

Progress: _____

Behavior: _____

Strengths/Needs: _____

Appearance/Hygiene: _____

Attendance: _____

Contacts with Parent(s)/Guardian(s): _____

Comments & Significant
Observations: _____

Teacher's or Administrator's Signature

Title