

# EXHIBIT J

## DEPARTMENT OF HUMAN SERVICES, CHILDREN & FAMILY SERVICES (2093)

**SUBJECT:** Revisions for Foster/Adoptive Parent Application

**DESCRIPTION:** This adds a section to foster/adoptive parent application for applicants to list any medications they are currently taking and what conditions those medications are prescribed to treat. It is necessary because DCFS must ensure that foster parent applicants are physically and mentally healthy enough to properly parent children who may be placed in their home. Knowledge of medications a foster parent is taking is information DCFS must have to help make an assessment regarding an applicant's health status.

**PUBLIC COMMENT:** No public hearing was held. The public comment period expired on July 13, 2012. No public comments were submitted. The proposed effective date is August 27, 2012.

**CONTROVERSY:** This is not expected to be controversial.

**FINANCIAL IMPACT:** There is no financial impact.

**LEGAL AUTHORIZATION:** Arkansas Code § 20-76-201 generally authorizes the Department of Human Services to make rules and regulations and "[a]dminister or supervise all child welfare activities in accordance with the rules and regulations of the department." The Division of Children and Family Services within the Department of Human Services is authorized to promulgate rules necessary to administer § 9-28-101 *et seq.* (regarding child placements). Ark. Code Ann. § 9-28-103(b).

JCS 7-24-12





**Arkansas Department of Human Services  
Division of Children and Family Services  
IN HOME CONSULTATION VISIT REPORT**

**RECEIVED**

JUL 13 2012

BUREAU OF  
LEGISLATIVE RESEARCH

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.  
Failure to provide complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_ County: \_\_\_\_\_

TYPE OF HOME:  PROVISIONAL FOSTER HOME  REGULAR FOSTER HOME  ADOPTIVE HOME

If provisional, date of child's placement in home: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Joint Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Preferred Training Timeframe: \_\_\_\_\_ *(for MidsOUTH PRISM planning purposes only; marking a selection does not guarantee that preferred time frame will be available.)*

Week Nights  Weekends  Combination of Week Nights and Weekends

**FAMILY COMPOSITION**

Two-Parent Household  Single-Parent Household

**PREVIOUS MARRIAGES**

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

**MILITARY HISTORY**

	Branch(es)	Rank	Date	Honorable Discharge
Applicant				
Joint Applicant				

**CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)**

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PAGE OF EMPLOYMENT or School/Grade

**OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)**

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PAGE OF EMPLOYMENT or School/Grade

**PETS (All household pets must have proof of current rabies vaccinations.)**

Breed/Species	Is the pet vaccinated?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADDITIONAL INFORMATION**

1. Have the applicants previously applied or been approved to foster? Yes  No   
If yes, please provide agency name, city, and date: \_\_\_\_\_
2. Have the applicants ever been denied to foster? Yes  No   
If yes, please explain: \_\_\_\_\_
3. Have the applicants previously applied or been approved to adopt? Yes  No

If yes, please provide agency name, city, and date approved: \_\_\_\_\_

4. Have the applicants ever been denied for adoption? Yes  No

If yes, please explain: \_\_\_\_\_

5. Can the applicants provide reliable transportation for children in foster care? Yes  No

6. Do the applicants have any pending legal actions? Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

7. Do any roomers or boarders reside in the home? Yes  No

8. Do applicants and/or other household members smoke? Yes  No

If yes, please list names: \_\_\_\_\_

9. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room?

MARKED

10. What is each applicant's daily routine?

MARKED

11. If the applicants work outside of the home, what are the child care plans?

MARKED UP

12. Describe family composition (include step-children, adult children, and any other individuals who may reside inside or outside of the home).

MARKED UP

13. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).

MARKUP

14. Please list any medication that you are currently taking and the conditions what the medications are prescribed to treat.

MARKUP

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**EMPLOYMENT INFORMATION (Include places of employment for the last 6 years, beginning with current place of employment.)**

APPLICANT	Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours

**DRINK WATER**

**FINANCIAL STATEMENT** (Recent check stubs and the previous year's income tax return are required for employment verification.)

Monthly Income		Monthly Expenses	
<i>Applicant:</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	
<i>Joint Applicant:</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicle)	\$
<i>Savings:</i>		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Food/Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
<i>Insurance Coverage:</i>		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage		Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary): \_\_\_\_\_

STANDARDS OF APPROVAL		YES	NO
<b>Home Requirements—Interior:</b>			
1.	Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances, electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>		<b>YES</b>	<b>NO</b>
18.	Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>

19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, this number would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>	<b>YES</b>	<b>NO</b>
30. Is home accessible to community resources available to children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement area (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>	<b>YES</b>	<b>NO</b>
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____ (City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the escape plan posted within the home?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan for any noted hazards in place?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please identify which type:		
<b>Transportation:</b>	<b>YES</b>	<b>NO</b>
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b>	<b>YES</b>	<b>NO</b>
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the	<input type="checkbox"/>	<input type="checkbox"/>

person administering the medication?		
56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

DOES THE HOME MEET STANDARDS?  Yes  No

If no, list the standards not met and corrective action plan or safeguard measure to be implemented.

Standard Not Met & Corrective Action Plan/Safeguard Measure	Date to Implement	Date to be Approved	Person Responsible

Corrective Actions Achieved/Safeguard Measures Implemented & Approved?  Yes  No

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Resource Worker/Adoption Specialist Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

BACKGROUND CHECKS (Make additional copies of pages as necessary.)

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	FBI	STATE	VSP1	VSP2	STATE	VEHICLE SAFETY PROGRAM
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	FBI	STATE	VSP1	VSP2	STATE	VEHICLE SAFETY PROGRAM
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:						
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK	
	FBI	STATE	VSP-1	VSP-2	100% CIVIL RIGHTS COMPLIANCE	ABSENCE OF CRIMINAL RECORD FOR 10 YEARS
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:						
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK	
	FBI	STATE	VSP-1	VSP-2	100% CIVIL RIGHTS COMPLIANCE	ABSENCE OF CRIMINAL RECORD FOR 10 YEARS
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved



**RECOMMENDATIONS**

Resource Worker/Adoption Specialist recommends approval of applicants to attend training?  Yes  No

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training?  Yes  No

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

Date submitted to MidSOUTH: \_\_\_\_\_

Be sure to select the "In-home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-session training. Once it is selected, the system will automatically notify MidSOUTH of approval status.*

**MID-SOUTH**



**Arkansas Department of Human Services  
Division of Children and Family Services  
IN HOME CONSULTATION VISIT REPORT**

**RECEIVED**

JUL 13 2012

BUREAU OF  
LEGISLATIVE RESEARCH

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Date Completed Inquiry/Info Meeting: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_ County: \_\_\_\_\_

TYPE OF HOME:  PROVISIONAL FOSTER HOME  REGULAR FOSTER HOME  ADOPTIVE HOME

If provisional, date of child's placement in home: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Joint Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Preferred Training Timeframe (for MidSOUTH PRISM planning purposes only; marking a selection does not guarantee that preferred timeframe will be available):

Week Nights  Weekends  Combination of Week Nights and Weekends

**FAMILY COMPOSITION**

Two-Parent Household  Single-Parent Household

**PREVIOUS MARRIAGES**

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

**MILITARY HISTORY**

	Branch(es)	Rank	Dates	Honorably Discharged?
Applicant				
Joint Applicant				

**CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)**

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL / GRADE

**OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)**

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL / GRADE

**PETS (All household pets must have proof of current rabies vaccinations.)**

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADDITIONAL INFORMATION**

1. Have the applicants previously applied or been approved to foster? Yes  No   
If yes, please provide agency name, city, and date: \_\_\_\_\_
2. Have the applicants ever been denied to foster? Yes  No   
If yes, please explain: \_\_\_\_\_
3. Have the applicants previously applied or been approved to adopt? Yes  No

If yes, please provide agency name, city, and date approved: \_\_\_\_\_

4. Have the applicants ever been denied for adoption? Yes  No

if yes, please explain: \_\_\_\_\_

5. Can the applicants provide reliable transportation for children in foster care? Yes  No

6. Do the applicants have any pending legal actions? Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

7. Do any roomers or boarders reside in the home? Yes  No

8. Do applicants and/or other household members smoke? Yes  No

If yes, please list names: \_\_\_\_\_

9. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each?

Blank response area for question 9.

10. What is each applicant's daily routine?

Blank response area for question 10.

11. If the applicants work outside of the home, what are the child care plans?

CLEAN

12. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).

CLEAN

13. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).

CLEAN

14. Please list any medications you are currently taking and the conditions the medications are prescribed to treat.

**RESPONSIBILITIES** As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents. It is important for foster parent to understand these responsibilities in order to ensure the safety and well-being of children who are placed in their home.

1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
3. Foster parents shall provide each child their own clothing that is clean, well fitted, seasonal, appropriate to age and sex, and comparable to community standards.
4. Foster parents shall allow foster children to acquire and keep personal belongings.
5. Foster parents shall fully cooperate with DCFS's efforts to achieve case plan goals for each foster child, including visitation.
6. Foster parents shall provide routine transportation for each child.
7. Foster parents shall attend and participate in case planning and case plan reviews.
8. Foster parents shall attend school conferences concerning foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
9. Foster parents shall notify DCFS promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
13. Foster parents shall keep a log book for each foster child that includes:
  - a. Periodic photographs of the child;
  - b. A record of the child's memberships, activities, and participation in extracurricular school or church activities;
  - c. Trophies, awards, ribbons, etc.

*I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to those outlined above. I further acknowledge that the Resource Worker/Adoption Specialist has informed me of the standards of approval that must be met in order to obtain approval as a foster/adoptive home.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Worker/Adoption Specialist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**EMPLOYMENT INFORMATION (Include places of employment for the last 6 years, beginning with current place of employment.)**

APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours
JOINT APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours

RECEIVED



**FINANCIAL STATEMENT** (Recent check stubs and the previous year's income tax return are required for employment verification.)

Monthly Income		Monthly Expenses	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
<i>Savings</i>		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
<i>Insurance Coverage</i>		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary): \_\_\_\_\_

STANDARDS OF APPROVAL	YES	NO
<b>Home Requirements—Interior:</b>		
1. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric furnaces, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have fire hazards, such as dangerous or defective cooking equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>	<b>YES</b>	<b>NO</b>
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>

19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>	<b>YES</b>	<b>NO</b>
30. Is home accessible to community resources needed by children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced-in space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>	<b>YES</b>	<b>NO</b>
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____ (City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the escape plan posted within the home?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be conducted and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan for any noted hazards in place?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please identify which type:		
<b>Transportation:</b>	<b>YES</b>	<b>NO</b>
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b>	<b>YES</b>	<b>NO</b>
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the	<input type="checkbox"/>	<input type="checkbox"/>

person administering the medication?		
56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**DOES THE HOME MEET STANDARDS?**  Yes  No

*If no, list the standards not met and corrective action plan or safeguard measure to be implemented.*

Standard Not Met & corrective Action Plan/Safeguard Measure	Due Date	Priority Home Approval	Persons Responsible

**Corrective Actions Achieved/Safeguard Measures Implemented & Approved?**  Yes  No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Resource Worker/Adoption Specialist Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**BACKGROUND CHECKS (Make additional copies of pages as necessary.)**

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SALES PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	CHILD ABUSE REGISTRY (If applicable)	OUT OF STATE CHILD ABUSE REGISTRY (If applicable)	ADULT ABUSE REGISTRY (If applicable)
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

  

NAME OF PERSON CHECKED							
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SALES PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	CHILD ABUSE REGISTRY (If applicable)	OUT OF STATE CHILD ABUSE REGISTRY (If applicable)	ADULT ABUSE REGISTRY (If applicable)
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:									
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK		ABUSIVE CHILD PROTECTION INVESTIGATION		ABSENCE OF CRIMINAL RECORD FOR 10 YEARS
	FBI	STATE	VSP 1	VSP 2	OUT OF STATE (if applicable)	IN STATE (if applicable)	IN STATE (if applicable)		
SUBMITTED									
RECEIVED									
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:									
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK		ABUSIVE CHILD PROTECTION INVESTIGATION		ABSENCE OF CRIMINAL RECORD FOR 10 YEARS
	FBI	STATE	VSP 1	VSP 2	OUT OF STATE (if applicable)	IN STATE (if applicable)	IN STATE (if applicable)		
SUBMITTED									
RECEIVED									
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

**RECOMMENDATIONS**

Resource Worker/Adoption Specialist recommends approval of applicants to attend training?  Yes  No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training?  Yes  No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Date submitted to MidSOUTH: \_\_\_\_\_

Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.*