#### 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.

<u>PUBLIC COMMENT</u>: 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

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## RECEIVED

JUL 13 2012

### BUREAU OF LEGISLATIVE RESEARCH

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

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.

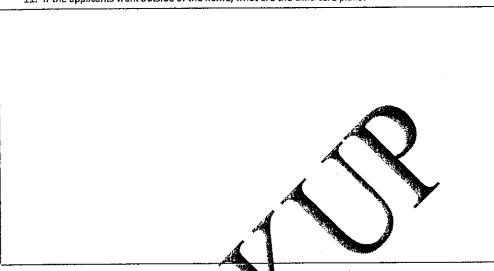
Date Completed Inquiry/Info Meeting:	Date of Initia	l Contact:
Date of Home Visit:	County:	
TYPE OF HOME: PROVISIONAL FOSTER	HOME REGULAR FOSTER	ME A PTIVE HOME
If provisional, date of child's placement in	home:	
Applicant Name:		Age:
DOB: Race: Hig	ghest Grade Completed:	ten jous Projerence:
Primary Phone: ()	er Phone: (	
Joint Applicant Name:	2571	Age:
DOB: Race: History	t Grade Completed:Relig	ious Preference:
Address, City, State, Zip:		
Preferred Training Timefram For MidSOU guarantee that preferred time, and the to	TH PRICE planning purposes only, available):	marking a selection does not
☐ Week Nights ☐ Veskends	☐ Combination of We	ek Nights and Weekends
FAMILY COMPOSITE N	•	
☐ ₹ Serent House hold	Single-Parent Household	
PREVIOUS MARKAGES		
Applicant		
Dates of Previous Martiage	Divorced (check if applicable)	Widowed (check if applicable)
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igins/green.		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)
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consec	R PEOPLE LIVING IN THE I utively or cumulatively, must	be listed.)	the nome for 3 month	s or more, whether	
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			(CD) 17.51() (C)	Sp. 25. 25. 48. 77. 10.	
ļ <del>.</del>					
<u> </u>					
PETS (	All houseless pets must have	proof of current rabies	vaccinations.)		
greed/		Place Clayfold			
Á		Yes No			
-		Yes No No			
		Yes No			
	***************************************	Yes No			
	<b>Y</b>				
ADDIT	IONAL INFORMATION				
1.	Have the applicants previou	sly applied or been appr	oved to foster? Yes	No 🗌	
	If yes, please provide agenc	y name, city, and date: _	·	·	
2.	Have the applicants ever be	en denied to foster? Yes	No 🗌		
	If yes, please explain:	· · · · · · · · · · · · · · · · · · ·			
3.	Have the applicants previously applied or been approved to adopt? Yes No				

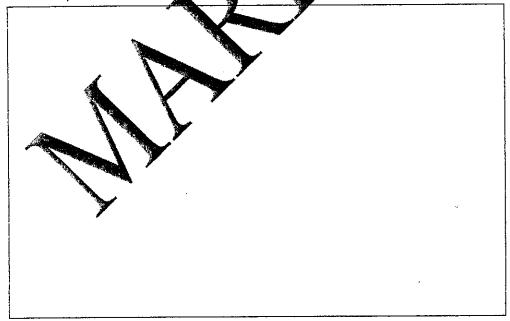
2

If yes, please provide agency name, city, and date approved:
Have the applicants ever been denied for adoption? Yes  No
If yes, please explain:
Can the applicants provide reliable transportation for children in foster care? Yes No
Do the applicants have any pending legal actions? Yes 🔲 No 🗍
If yes, please provide a brief explanation:
Do any roomers or boarders reside in the home? Yes No No
Do applicants and/or other household members smoke? Yes No All If yes, please list names:
What are the sleeping arrangements for all members of the household. How may be drooms and bathrooms are in the home and what is the square footal to of each room?
What is each applicate satisfy routine?

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



12. Describe family composition (in the ep-childre adult children, and any other individuals who may reside inside or outside the home



13. Describe the family's support system (e.g., extended family, neighbors, friends, church, community). Formatted: Indent: Left: 0.5", No bullets or Please Lis hat you are currently taking and the conditions what the Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5" Formatted: Indent: Left: 0.5", No bullets or CFS-446 (R. 082/2012) 5

I

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.

- 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.
- Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
- Foster parents shall provide each child their own clothing that is clean, well ted, sea nal, appropriate
  to age and sex, and comparable to community standards.
- 4. Foster parents shall allow foster children to acquire and keep personal selongings
- Foster parents shall fully cooperate with DCFS's efforts to achieve the case an goals to 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 or reviews
- Foster parents shall attend school conferences oncer ing a foster child, are shall notify DCFS of any situations that may affect the case plan or require agency involvement.
- Foster parents shall notify DCFS promptly of serious assess, injury, anusual circumstances affection the health, safety, or weifare of the fost and an account of the company of the company
- Foster parents shall cooperate. OCFS in anducting more ring and investigations, and shall provide information required to verify companies with rules.
- 11. Foster parents shall maintain absolute condentiality of private information about each foster child and the birth family.
- 12. The foster parents shall give accepted notice to CFS of any major changes that affect the life and circumstances of the foster family in the life a change of residence, whenever possible.
- 13. Foster parents all keep a like book for each foster child that includes:
  - a. Periodic prographs of the child;
  - b. A record of the ld's ment ships, activities, and participation in extracurricular school or church activities;
  - c. awa ds, riberas, 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	Oate	
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.)

CFS-446 (R. 0<u>8</u>2/2012)

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

Monthly income the s		Havida International Control	
Applicants 5 5 5		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	
Total Income	\$	Home Alarm System	\$ 1
		Cable/Satellite/Internet	
Joint Applicant		Cell Phone	5
Gross Income	\$	Other Phone	\$ 5
Net Income	\$	Auto Insurance	. 3
Other Income	\$	Vehicle Paynent	\$
Total Income	\$	Vehice Mai tenance	\$
		Gas (Ve. cle	\$
Sawings		Entertainment	\$
Applicant	\$	G ceries	\$
Joint Applicant	\$	Gut	\$
Joint Savings	S	salth insurance	\$
		Prespotions	\$
Insurance Coverage (4)		Other Medical	\$
Medical Company	1	Dental	\$
Туре		Life Insurance	\$
Cove		Charitable Giving	\$
	199	Credit Card #1	\$
T. A.		Credit Card #2	\$
<b>Y</b>		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):\_\_\_\_\_

STANI	oaros o zaparowa:	\&\ *	ej le
Home	Requirements—Interfor:		
1.	Is the interior of the home clean and free of physical and health hazards?		
2.	comfortable living?		
3.	is there adequate space for privacy, play, and study for all household members? Copy of the current floor plan of the home with room dimensions of all rooms us sleeping will be filed in the foster home record.		
4.	Is there sufficient seating for the family to eat together?		
5.	Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?		
6.	Are heating devices such as radiators, fireplaces, woods ares, gas or electric heaters and steam and hot water pipes within reach of children screened or otherwise protected?		
7.	Have fire hazards, such as dangerous or defective seating equipmes, dampable materials, defective electrical appliances of electrical cords, excessive use of extension cords, etc., been eliminated or cores tec		
8.	Are interior halls and doors free free clutter and blocked, e suring easy passage/exit?		
9.	Is all garbage and other waste up tin a stitable covered eceptacle and disposed of in such a way as not to constitute, her such a way as not to constitute, her such a way as not to constitute, her such as way as not to constitute.		
	Does home have at least one flush tone one sink with running water, and one bath or shower with hot a could water?		
	Are cleaning supplies, insection, a gasoline, hazardous tools, knives, or similarly dangered, objects stored or, of real or if children or kept in locked closets or drawers.		
12.	Are liquor in the her alcoholic beverages stored out of reach of children?		
A	Are all firear as unit, yield; maintained in a secure, locked location; and stored seemed and stored seemed and stored seemed and seemed seemed and seemed s		
	Are operation amoke detectors located within 10 feet of the kitchen and each bedroom?		
	Is there are perational chemical fire extinguisher in the cooking area?		
	Does the home have an operational telephone or working cellular phone that is accessible to all children?		
17.	Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?		
1 00	Arrangements:	YES	NO
18.	Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?		

19. Does each bedroom have at least 50 square feet of floor space per occupant?		
and a decided with the decided by square react of moor space per occupance		
20. Do bedrooms have windows which provide natural light and ventilation?		
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?		
<ol> <li>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</li> </ol>		🗆
required for normal operation of a window?		]
a. In this event, does each such bedroom contain a working smoke detector		
23. Will no more than 4 children share a bedroom?		
24. Will each child in foster care be provided a comfortable bed, in good condition?		
25. Will children of the opposite sex not share the same bedroom if either child is a pars		
old or older, except for a mother in foster care with her child?	•	[
26. Will any children share a bed if either child is 4 years old solder?		
a. Are any applicable children who will share a bed the same		
27. Will any child under age 6 occupy a top bunl?		
28. Will any child in foster care, except an infall, under age 2, share a sleeping room with		
adults? In the case of a grandparent to the city to would increase to 4.	-	
29. Will each child be provided with clean bedding, it, 200 conding, that will be iaundered at least weekly, or a need.		
Home Requirements—Exterior.	YES	NO:
30. Is home accessible to community have recently children in foster care?		
31. Are the premises dathe house, including the yard, garage, carport, any storage areas,		
and the basement as the same of children?		
32. is yard fire of dangerous of bris, trass, uncovered cisterns, etc.?		
33. Is yard large pugh to provide ample play space for children?		
34. Is there a ferce of arrier to prevent a child's access to a busy street or highway,	_	
	<u> </u>	۱ -
of water or day erous area?	]	
35. If oplication the manufactured home properly installed and stabilized?		
35. If applica the manufactured home properly installed and stabilized?  a. If the manufactured home is located in a mobile home park, is there sufficient		
35. If oplication he manufactured home properly installed and stabilized?  a. If the manufactured home is located in a mobile home park, is there sufficient fence uplay space outside?		
35. If oplication the manufactured home properly installed and stabilized?  a. if the manufactured home is located in a mobile home park, is there sufficient fences play space outside?  36. Is outdoor play equipment safe, hazard-free, and properly anchored?		
35. If oplication the manufactured home properly installed and stabilized?  a. if the manufactured home is located in a mobile home park, is there sufficient fences play space outside?  36. Is outdoor play equipment safe, hazard-free, and properly anchored?  37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a		
35. If oplication the manufactured home properly installed and stabilized?  a. if the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?  36. Is outdoor play equipment safe, hazard-free, and properly anchored?  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		
35. If oplices the manufactured home properly installed and stabilized?  a. If the manufactured home is located in a mobile home park, is there sufficient fence, play space outside?  36. Is outdoor play equipment safe, hazard-free, and properly anchored?  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? Approval must be filed in the foster home record.	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
35. If oplice the manufactured home properly installed and stabilized?  a. if the manufactured home is located in a mobile home park, is there sufficient fence play space outside?  36. Is outdoor play equipment safe, hazard-free, and properly anchored?  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? Approval must be filed in the foster home record.		No.

39	If the source is not a municipal water system, has the water been tested and approved by the Health Department? Approval must be filed in the foster home record.		
40.	. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. Approval must be filed in the foster home record.		
41.	Does the home have a safe sewage disposal system?		
	If the home has a septic system, has it been tested and approved by the Head Department? Approval must be filed in the foster home record.		
43.	Does family have a plan for evacuating the house in the event of fire and colon seeking shelter during a storm or tornado?		
	a. Is the escape plan posted within the home?		
	Has the family been informed that emergency evacuation hills must be performed and documented with each new child entering the home, as at least quartery thereafter (date/time/persons involved/length of time needed as clear home)		
	Does family have adequate toys that are safe and evelopmentally croprite for children who will be placed in the home?		
46.	Is the number of children recommended to be and this the home limited by the number of persons who can satisfactorily live wises the physical mits of the home?		
47.	Is there a safety plan for any poted haze. Is in place?  a.  if yes,  please identify which type:		
1 1 2	riation :	YES	NO
	Do applicants have their mode of transportation available for children in their care to participate in recessary and of transportation, and medical activities?		
	Do all versies owned that it applicants have liability insurance? Documentation of liability insurance must be filed in the foster home record.		
50.	Is any vehicle to be used to transport children in foster care insured and maintained in compliante with motor vehicle laws?		
	coplicants and an appealse transporting children in foster care, have a valid		
	Wilechildren an ansported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? 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.		
Wedicat	ions:	YEST	NO
53.	Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?		
54.	Will applicants be aware of possible side effects of all medications and administer		
55. \	them only in accordance with directions on the label?  Will applicants log all medications at the time the medication is administered and	-	
I	include the child's name: time and date: modication and decrees and	ш	<b>└</b>

person administering the medication?		<del></del>	
56. Will age-appropriate children be provided to counter or prescription) for use when the dose is needed? Examples include inflammatory and other related medications must be logged at the	the child is away from pain relievers, fever i ations, or prescribed	n the home during time. reducers, and anti- antibiotics or inhalers.	,
DOES THE HOME MEET STANDARDS?	☐ Yes ☐ No		
If no, list the standards not met and corrective o	action plan or safegu	ard measure to be imple	emented.
Standard (delike de objective Action : Ren/Safer de la Mediare	tocic il utirii	etherre kymoe	There ells
			7
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Corrective Actions hieved/Safeguard Medsu	res Implemented &	Approved? Yes 1	No
Applice expature	Date		
Joint Applicant Signature	Date		
Resource Worker/Adoption Specialist Name	Date	Signature	

					11.			
DATES [mm/dd/byy) r	3 F.A. 3	FRI STATE	VEHICLE SAFETY PROGRAM.	PROGRAM	S CONTRACTOR	VIRAL REGISTRY	HECKS	
SUBMITTED				10 May 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2				*
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RESULTS	- Approved	☐ Approved	☐ Approved	☐ Approved	Approved	PApproved	- Approved	X
	☐ Disapproved	☐ 0isapproved	Disapproved	Disaproved	Disapprov	Disapprovi	Oisappi ed	
NAMEOF	NAME OF PERSON CHECKED.	D						
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RESULTS	Approved	☐ Approved	Opproved	Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved
	☐ Disapproved	D. S.	Display	Disapproved	Disapproved	Disapproved	Olsapproved	Disapproved

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

TANK BURENSON

14

#### RECOMMENDATIONS

<del>                                      </del>	
Resource Worker/Adoption Specialist recommends approval	of applicants to attend training? 🔲 Yes 🔲 No
Name	Date
Signature	
Area Director/Adoption Supervisor/Designee approves appli	e ints to attein raining?
Name	Date
Signature	
Date submitted to Mac SUTH:	
Be sure to select the In-to-me Consideration/Approval for Contact Information Science, as is important to select this cita assist as a sure of approval states.	heckbox prior to the family attending training in order.



### RECEIVED

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

JUL 13 2012

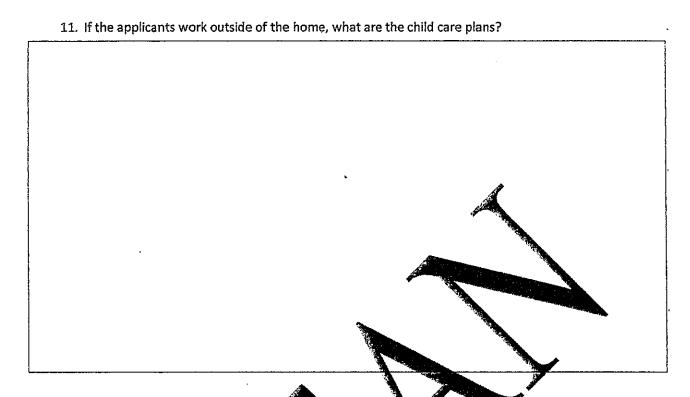
BUREAU OF LEGISLATIVE RESEARCH

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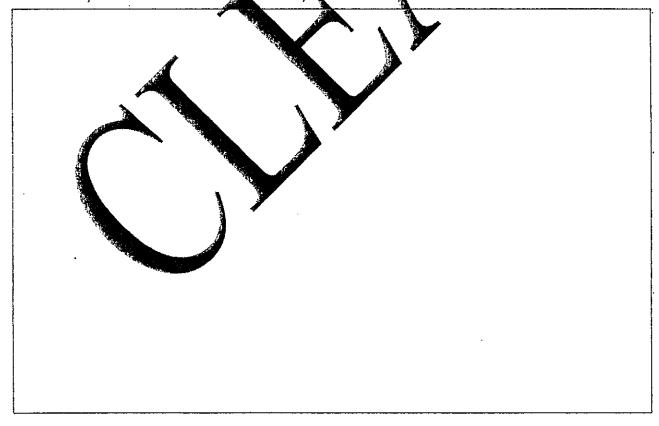
Date Completed Inquiry/Info Meeting:	Date of Initial C	ontact:
Date of Home Visit:	County:	. All and a second
TYPE OF HOME: PROVISIONAL FOSTER H	IOME REGULAR FOSTER HO	ME A OPTIVE HOME
If provisional, date of child's placement in h	ome:	
Applicant Name:	SSN:	7e:
DOB: Race: High	est Grade Con ted: Re	ligious reference:
Primary Phone: ()	Other Phote:	1
Joint Applicant Name:		Age:
DOB: Race: Hi st	Grade Completed:Religio	us Preference:
Address, City, State, Zip:		
Preferred Training Timefy me (for MidSOUT guarantee that preferred seframe will be a		narking a selection does not
☐ Week Nights Weekends	Combination of Wee	k Nights and Weekends
FAMILY COMPOSITION		
☐ Two-Perent Household	Single-Parent Household	
PREVIOUS RRIAGES		
Application  Dates of Previous ive	Divorced (check if applicable)	Widowed (check if applicable)
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joine (1900)		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

MILIT	ARY HISTORY
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Joint?	Policijo
PER PER PER PE	REN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)
NAME	THE PARTY OF THE P
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Consec	R PEOPLE LIVING IN THE HOME (Anyone living in, he see for 3 months on see e, whether utively or cumulatively, must be listed.)
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	Cantopia or and and and a
	All how among ets music the proof of current rabies vaccinations.)
<b>第</b>	A SECTION OF THE SECT
	Yes No _
	Yes No No
	Yes No No
ADDIT	IONAL 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 \( \text{No} \) No \( \text{No} \)
		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 No If yes, please list names:
	9.	What are the sleeping arrangements for all members of the carbold? How many bedrooms and bathrooms are in the home and what is the square footage or expenses.
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	10	. What is each a cant's daily routine?
}		
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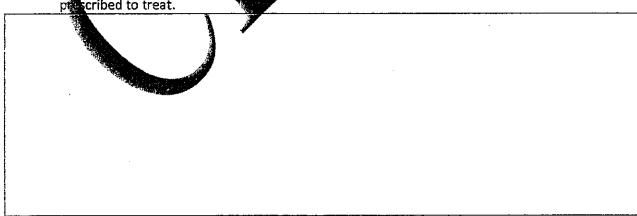
12. Describe family composition (including step-children, and children, and any other individuals who may reside inside or outside of the home).



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



14. Phase list any medications are exprently taking and the conditions the medications are prescribed to treat.



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- 9. Foster parents shall notify DCFS prompt, or serious illness, njun, or une cumstances affection the health, safety, or welfare of the foster child.
- 10. Foster parents shall cooperate your CFS in conducting monitoring and investigations, and shall provide information required to verify compares with the
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- 12. The foster parents are give advance notice to be of a major changes that affect the life and circumstances of the fact family, including a change of residence, whenever possible.
- 13. Foster parants shall keep a book for each ester child that includes:
  - Periodic photographs of the bild;
  - o. Affectord of the child's member hips, activities, and participation in extracurricular school or church activities;
  - c. Tropies, awards, ribbons etc.

I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to 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.)

Working Hours		Working Hours		
Dares of Employment		Prince of Employmente		,
Salaty		Valer.		
in the				
Se of Employer		ss of Finishaya.		
APRUCANT Address of Em		Namelant		

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

Vicinta (Antochic		Month, lagranda	
Applicant		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	S
Joint Applicant (* 1985)		Cell Phone	\$
Gross Income	\$	Other Phone	
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Parment	\$
Total Income	\$	Vehicle Mais teame	
		Gas (Vehicles)	\$
Şaylın s	Y. T. S. S. S. S. S. S.	Entertainment	\$
Applicant	\$	Groceries .	\$ .
Joint Applicant	\$	Dining Ou	\$
Joint Savings	\$	alth Insurance	\$
A		Pres: otions	\$
iistiekie (e. e.e.e.		Other Medical	\$
Medical Communy		Derital	\$
Туре	***	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):\_\_\_\_\_

STAND	ARDS @FAPPRGWA	NÆ:	VO.
Home R	equirements—interior:		dest de la seconda de la s Notación de la seconda de
1.	is the interior of the home clean and free of physical and health hazards?		
2.	Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?		
3.	Is there adequate space for privacy, play, and study for all household members? 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.		
4.	Is there sufficient seating for the family to eat together?		
5.	Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?		
6.	Are heating devices such as radiators, fireplaces, wood stoves, gas or examined and steam and hot water pipes within reach of children screened or otherwise protected?		
7.	Have fire hazards, such as dangerous or defective and equipment, flaminable materials, defective electrical appliances or electrical conserves we see of extension cords, etc., been eliminated or corrected?		, ,
8.	Are interior halls and doors free from cluster and not blocked, ensuring passage/exit?		
9.	Is all garbage and other waste at in a suitable covered receptacle and disposed of in such a way as not to constitute a ealth a safety hazard?		
10.	Does home have at least one flush toke one sink with anning water, and one bath or shower with tot and cold water?		
11.	Are cleaning support insecticides, gasoline, hand us tools, knives, or similarly dangerou, objects such dout of reach of childre or kept in locked closets or draw is:		
12.	Af liquor and other alcohole everages cored out of reach of children?		
13.	Alcohol firearms unloaded; maintened in a secure, locked location; and stored set a ately from ammunition?		
14.	Are a setional smoke defectors located within 10 feet of the kitchen and each bedrood		
15.	Is there an open chemical fire extinguisher in the cooking area?		
16.	Does the home have an operational telephone or working cellular phone that is accessible to all children?		
17.	Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?		
Sleepin	g Arrangements:	YES	NO.
18.	Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?		

19.	Does each bedroom have at least 50 square feet of floor space per occupant?		
20.	Do bedrooms have windows which provide natural light and ventilation?		
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?		
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?		
	a. In this event, does each such bedroom contain a working smoke detector?		
23.	Will no more than 4 children share a bedroom?		
24.	Will each child in foster care be provided a comfortable bed, in good condition?		
	Will children of the opposite sex not share the same bedroom if either child is A years old or older, except for a mother in foster care with her children c		
26.	Will any children share a bed if either child is 4 years old or older.	Q	
	a. Are any applicable children who will share a bed the same sex?		
27.	Will any child under age 6 occupy a top bunk?		
28.	Will any child in foster care, except an infant under age 2, a sleeping room with		
29.	adults? In the case of a grandparent to the child, the ge would give use to 4.  Will each child be provided with clean be ding, in good constion, that the	-	
	laundered at least weekly, or as feeded?		L)
7 9 22 22 23 26		e de la colonia	and the same and the
nome	equirements—Extenor 21	YES	NO
1995年代	Is home accessible to community have a needed by children in foster care?	YES 5	NO.
30.		YES	NG 2
30.	Is home accessible to community be sure a needed by children in foster care?  Are the premises of the house, including the yard, garage carport, any storage areas, and the baserness and attic (if applicable as saccessible), free from physical hazards which would energe ter the safety of childrens.  Is yard free of dangere adebris, trash, uncovered cisterns, etc.?	YES	NO 1
30. 31. 32. 33.	Is home accessible to community he are a needed by childre in foster care?  Are the premises of the house, including the yard, garage coarport, any storage areas, and the basement and attic (if applicable at accessible), free from physical hazards which would eneal ter the safety of children.  Is yard free of dangere and debris, trash, uncovered cisterns, etc.?  Is yard large enough to please ample planspace for children?	YES (	
30. 31. 32. 33. 34.	Is home accessible to community having a needed by childre in foster care?  Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable as accessible), free from physical hazards which would eneather the safety of childrens.  Is yard free of dangers and debris, trash, uncovered cisterns, etc.?  Is a red large enough to pictule ample plan space for children?  Is here a fence or barrier to pay ant child's access to a busy street or highway, below of water, or dangerous area.	YES	NG
30. 31. 32. 33. 34.	Is home accessible to community he words needed by childre in foster care?  Are the premises of the house, including the yard, garage ccarport, any storage areas, and the basement and attic (if applicable a paccessible), free from physical hazards which would eneather the safety of childrens.  Is yard from a dangene a debris, trash, ut covered cisterns, etc.?  Is and large enough to please ample planspace for children?  Is here a fence or barrier to present child's access to a busy street or highway,	YES	
30. 31. 32. 33. 34.	Is home accessible to community having a needed by childre in foster care?  Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable as accessible), free from physical hazards which would eneather the safety of childrens.  Is yard free of dangers and debris, trash, uncovered cisterns, etc.?  Is a red large enough to pictule ample plan space for children?  Is here a fence or barrier to pay ant child's access to a busy street or highway, below of water, or dangerous area.	YES	NG
30. 31. 32. 33. 34.	Is home accessible to community he words needed by childre in foster care?  Are the premises of the house, including the yard, garage ccarport, any storage areas, and the basement and attic (if applicable a paccessible), free from physical hazards which would eneather the safety of childrens.  Is yard from 6 dangere and debris, trash, uncovered cisterns, etc.?  Is and large enough to plot the ample plot space for children?  Is here a fence or barrier to properly child's access to a busy street or highway, boars of water, or dangerous area.  If all table, is the manufactured home properly installed and stabilized?  a. If the panufactured home is located in a mobile home park, is there sufficient		
30. 31. 32. 33. 34. 35.	Is home accessible to community is sures needed by shildre in foster care?  Are the premises of the house, including the yard, garagic carport, any storage areas, and the basement and attic (if applicable as accessible), free from physical hazards which would enter the safety of childrens.  Is yard free of dangers and debris, trash, uncovered cisterns, etc.?  Is yard large enough to picture ample plainspace for children?  Is here a fence or barrier to be anti-child's access to a busy street or highway, be your of water, or dangerous area.  If also bable, is the manufactured home properly installed and stabilized?  a. If the panufactured home is located in a mobile home park, is there sufficient fences, the pace include?  Is outdoor play equipment safe, hazard-free, and properly anchored?  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? Approval must be filed in the foster home record.		
30. 31. 32. 33. 34. 35. 36. 37.	Is home accessible to community leadures needed by children in foster care?  Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable at accessible), free from physical hazards which would enter the safety of children.  Is yard fractof dangers debris, trash, uncovered cisterns, etc.?  Is yard large enough to pictule ample plat space for children?  Is here a fence or barrier to prepart child's access to a busy street or highway, bear of water, or dangerous area.  If also table, is the manufactured home properly installed and stabilized?  a. If the canufactured home is located in a mobile home park, is there sufficient fences. It is outdoor play equipment safe, hazard-free, and properly anchored?  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		NO A

39.	If the source is not a municipal water system, has the water been tested and approved by the Health Department? Approval must be filed in the foster home record.		
40.	If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. Approval must be filed in the foster home record.		
41.	Does the home have a safe sewage disposal system?		
42.	If the home has a septic system, has it been tested and approved by the Health Department? Approval must be filed in the foster home record.		
43.	Does family have a plan for evacuating the house in the event of fire and colan for seeking shelter during a storm or tornado?		
	a. Is the escape plan posted within the home?		
44.	Has the family been informed that emergency evacuation drills and an advantage of 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)?		
45.	Does family have adequate toys that are safe and a lopmentally appropriate for children who will be placed in the home?		
46.	Is the number of children recommended to be placed in the housing lited by the number of persons who can satisfactorin live within the physical limits. It is home?		
47.	Is there a safety plan for any perced hazards in place?		
	a. If yes, please identify which type:		
Transp		YEŠ	NO
48.	please identify which type:  ortation:  Do applicants their own mode of transportation available for children in their care to participate specessary school, recreation and medical activities?	YES	NO.
48.	please identify which type:  presented by their own mode of trans, station available for children in their care to participate specessary school, recreated and medical activities?  Do all yeld les ownets the applicants have liability insurance? Documentation of	YES	NO
48.	please identify which type:  ortation:  Do applicants their own mode of transportation available for children in their care to participate specessary school, recreation and medical activities?	YES	NO
48. 49. 50.	please identify which type:  Do applicants their own mode of transportation available for children in their care to participate specessary school, recreated and medical activities?  Do all yellows owned the applicants have liability insurance? Documentation of liability insurance must a filed in the fost shome record.  Is my vehicle to be used to proport the ren in foster care insured and maintained in compliance with motor vehicles. Pay Do applicants and anyone else the porting children in foster care, have a valid drift is license?	YES	NO (
48. 49. 50.	please identify which type:  ortation:  Do applicants their own mode of trans, station available for children in their care to participate specessary school, recreate and medical activities?  Do all velicles owned to the applicants have liability insurance? Documentation of liability insurance must a filed in the fosts home record.  Is not vehicle to be used to apport the ren in foster care insured and maintained in compliance with motor vehicles. Do applicants and anyone else the porting children in foster care, have a valid drives license?  Will be be transported according to Arkansas law, including, but not limited to, use of same belts, child selety seats, and smoking restrictions? Children who are 5	YES	No.
48. 49. 50.	please identify which type:  Do applicants their own mode of transplatation available for children in their care to participate pecessary school, recreat and medical activities?  Do all vehicles owned the applicants have liability insurance? Documentation of liability insurance must a filed in the fost shome record.  Is not vehicle to be used to apport chargen in foster care insured and maintained in compliance with motor vehicles. It is porting children in foster care, have a valid driver's license?  Will have be transported according to Arkansas law, including, but not limited to, use of some belts, child safety seats, and smoking restrictions? Children who are 5 and younges to belts, 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	YES	No.
48. 49. 50. 51. 52.	please identify which type:  Ortation:  Do applicants their own mode of trans, tation available for children in their care to participate pecessary school, recreat and medical activities?  Do all veliles owned the applicants have lighlity insurance? Documentation of liable by insurance must a filed in the fost whome record.  Is ny vehicle to be used to apport children in foster care insured and maintained in compliance with motor velical and the porting children in foster care, have a valid drive's license?  Will's bren be transported according to Arkansas law, including, but not limited to, use of a subbelts, child safety seats, and smoking restrictions? Children who are 5 and younged tabilet 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.	YES	NO NO
48. 49. 50. 51. 52.	please identify which type:  Do applicants their own mode of trans, tatlor available for children in their care to participate specessary school, recreat, and medical activities?  Do all yell es owned, the applicants is twe liability insurance? Documentation of liability insurance musts filed in the fosts home record.  Is ny vehicle to be used to apport the ren in foster care insured and maintained in ompliance with motor vehicles. In porting children in foster care, have a valid drive's license?  Will be transported according to Arkansas law, including, but not limited to, use of a subelts, child sitety seats, and smoking restrictions? Children who are 5 and younges the life 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.  tions:		
48. 49. 50. 51. 52. Medica	Do applicants their own mode of trans. Station available for children in their care to participate specessary school, recreat a sand medical activities?  Do all yell les owness the applicants have liability insurance? Documentation of liability insurance must a siled in the fost shome record.  Is no vehicle to be used to apport the ren in foster care insured and maintained in ompliance with motor vehicles. Law  Despois and anyone else the porting children in foster care, have a valid drive is license?  Will then be transported according to Arkansas law, including, but not limited to, use of some belts, child strety seats, and smoking restrictions? Children who are 5 and younge which 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.  Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?  Will applicants be aware of possible side effects of all medications and administer		
48. 49. 50. 51. 52. Medica 53.	Do applicants their own mode of transactation vailable for children in their care to participate specessary school, recreat, and medical activities?  Do all velicles owned the applicants invellability insurance? Documentation of liability insurance must alled in the fost shome record.  Is ny vehicle to be used to apport the ren in foster care insured and maintained in ompliance with motor velicity. Do applicants and anyone else the porting children in foster care, have a valid drive is license?  Will'staken be transported according to Arkansas law, including, but not limited to, use of search belts, child silety seats, and smoking restrictions? Children who are 5 and younges, shall a 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.  Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?		

	<del></del>			
person administering the medication?  56. Will age-appropriate children be provi counter or prescription) for use when the dose is needed? Examples include inflammatory and other related medic These medications must be logged at the second control of the second co	ded a daily suppl the child is away pain relievers, fe ations, or prescri	from the home during times ver reducers, and anti- bed antibiotics or inhalers.		
DOES THE HOME MEET STANDARDS?	Yes No	)		
${\it if no, list the standards not met and corrective}\\$	action plan or saj	feguard measure to be implem	ented.	
Similariki iki iki iki iki iki iki iki iki iki		Hitorie Hanie Pasion Aggrecia	तिह्यु-कार्ड	ide (
Corrective Actions Actieved/Sage yard Measu	are implemente	d & Approved?  Yes No	,	
Applicant S. nature	Date			
Joint Applicant Signa	Date	<del></del>		
Resource Worker/Adoption Specialist Name	Date	Signature		

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	ECIS ARAGUT BAUREAMENT				□ poproved		
	CENTRAL REGISTRY CHECKS OUT OF STATE  MALUES MAN (CHO) (MALUES MAN (CHO) (MALUES MAN (CHO))			□ Appro	Disapproved	Á	K
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ges as necessa	Y PROGRAM:  VSP 2	·		☐ Approved	☐ Disapproved		4
copies of pag	VEHICLE SARET			☐ Approved	☐ Disapproved		
BACKGROUND CHECKS (Make additional copies of pages as necessary.)	CRIMINAL RECORD CHECK			☐ Approved	☐ Disapproved		
GROUND CHECK	CRIMINAL R			☐ Approved	☐ Disapproved		
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#### RECOMMENDATIONS

Name	recommends approval of applicants to att	Lenu Gaming? [_] Yes [_] No
Signature		
Area Director/Adoption Supervisor/D	esignee approves applicants to attend train	nia ?
Name		
Signature		<b>**</b> :

Be sure to select the "In-Home Consultion/Apr Val for Training Purpose" which you entered in the Provider Contact Information Screen. It is important per elect this checkbox prior to the family attending training in order to assist Mids. VTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval state.