



For information on how to become a Foster Parent or if you have any questions and/or need help with completing the application packet please contact:

Stacy Nassuk- Foster Care Recruiter/ Caseworker I

Kawerak, Inc. Children & Family Services

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Kawerak, Inc. Children & Family Services

PO Box 948

Nome, AK 99762

Toll free 1-800-478-5153



APPLICATION FOR FOSTER CARE LICENSE

(Per Regulation at 7 AAC 50.035, if the household is headed by two adults who act as head of household, both adults must apply for the license.)

APPLICANT #1

APPLICANT #2

Last name, First, MI		Last name, First, MI	
Aliases, Maiden Name, Previous Married Name(s)		Aliases, Maiden Name, Previous Married Name(s)	
Social Security Number:		Social Security Number:	
<u>Race</u> (check all that apply): <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> Aleut <input type="checkbox"/> Athabascan <input type="checkbox"/> Haida <input type="checkbox"/> Inupiaq <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimshian <input type="checkbox"/> Yupik <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		<u>Race</u> (check all that apply): <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> Aleut <input type="checkbox"/> Athabascan <input type="checkbox"/> Haida <input type="checkbox"/> Inupiaq <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimshian <input type="checkbox"/> Yupik <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	
<u>Ethnic Background:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____		<u>Ethnic Background:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien Registration #: _____ Place of Birth: _____ Primary Language: _____ Religious Affiliation (optional): _____ Education (last grade completed): _____ Employment Status: <input type="checkbox"/> Employed at: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in labor force (unemployed / not looking for work, retired, disabled, etc.)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien Registration #: _____ Place of Birth: _____ Primary Language: _____ Religious Affiliation (optional): _____ Education (last grade completed): _____ Employment Status: <input type="checkbox"/> Employed at: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in labor force (unemployed / not looking for work, retired, disabled, etc.)	
Marriage (if applicable): Date _____		Length of time sharing household with co-applicant: _____	
Work Phone	Home Phone	Work Phone	Alternate Phone
Alternate Phone	E-mail Address	Additional Phone	E-mail Address
Mailing Address		City/Village	State Zip
Street Address		City/Village	State Zip
Location, if different from street address/directions to home _____			
How long have you resided at the current address? _____			
Are you located in an area susceptible to earthquakes, flooding, tsunamis, wildfires, avalanches, or other natural disasters? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			

Applicant Name(s): _____

Please list your previous residence for the last ten (10) years. Attach additional page(s) if necessary.

Applicant #1					Applicant #2				
From (mm/yy)	To (mm/yy)	City	State	Country	From (mm/yy)	To (mm/yy)	City	State	Country

Household Members (Include yourself and your own children, including those living in the household part-time, but not foster children.) Attach additional page(s) if necessary.

Name	Relationship	Birth Date	Age	Driver's License #	State of Issuance
1.					
2.					
3.					
4.					
5.					
6.					

Willing to care for: Number of children: _____ Age: ____ to ____ Any age
 Male Female Either Specific child(ren) only

Closest Schools

Elementary School	Middle School	High School

Have you ever submitted/applied to the State of Alaska for any care listed below? Yes No

Relative Care Foster Care Adoption Guardianship

If yes:

OCS Office	Address	State	Date	Approved
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever applied to another state, county, or private agency for any care listed below? Yes No

Relative Care Foster Care Adoption Guardianship

If yes:

Agency Name	Address	State	Date	Approved
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name(s): _____

Do you now or have you ever provided care to non-related adults or children? Yes No
 If yes, when? _____ If yes, where? _____ What type of care? _____
 Have you been previously licensed to care for children or adults? Yes No
 If yes, please indicate:

City	State	Type of Care	Dates of Licensure

REFERENCES (Neighbors, employer, physician, friend). Regulations require three references, at least two of whom are unrelated. If two-applicants, references must address both applicants or separate references for each applicant. Please complete all sections.

Name	Complete Mailing Address	Phone	E-Mail Address

APPLICANT CERTIFICATION AND SIGNATURE

- I (we) have read and completed this application.
- I (we) certify that the above information and any information given at a later date will be true, complete, and accurate.
- I (we) have received a copy of the State of Alaska Child Foster Home Statutes and Regulations, or I (we) will use the web address at <http://www.legis.state.ak.us/FOLHOME.HTM> for a copy of the statutes and regulations.
- I (we) have received an Alaska Resource Family Handbook.
- I (we) have provided a completed Clearance Form (06-9437) for each applicant and household member age 16 and older.
- I (we) will provide fingerprints within 30 days of submitting this application.
- I (we) will cooperate with the licensing worker to complete the licensing requirements to become fully licensed.
- I (we) agree and understand that I (we) will be placed on the APSIN flag system.
- I (we) authorize the OCS representative to review criminal justice (CJ), including, where applicable, juvenile criminal history, protective service, and licensing records and to share this information (except federal CJ records) with the applicant/licensee and if applicable, between OCS and the agency responsible for evaluating the facility. I certify that the contents of the forms and information provided with it are true, accurate, and complete.

_____ Applicant / Licensee #1 Signature Date: _____	_____ Applicant / Licensee #2 Signature Date: _____
_____ Worker Signature	_____ Worker Title
	_____ Date

* If 2-applicants, both must sign

Family Characteristics

Please check the areas that most closely describes your family and the services you are able to provide:

<input type="checkbox"/>	24-Hour Awake Staff	<input type="checkbox"/>	Parent in home all day
<input type="checkbox"/>	Boarding school care	<input type="checkbox"/>	Parent(s) work - child care needed
<input type="checkbox"/>	Does not drive-cannot transport	<input type="checkbox"/>	Pet(s) in home
<input type="checkbox"/>	Does not transport	<input type="checkbox"/>	Respite
<input type="checkbox"/>	Faith Based Activities	<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	Home schools own children	<input type="checkbox"/>	Single parent home
<input type="checkbox"/>	Hunting /fishing /outdoor life style	<input type="checkbox"/>	Smoker in home
<input type="checkbox"/>	ICWA Preference Placement	<input type="checkbox"/>	Specialized training
<input type="checkbox"/>	In-home childcare provider	<input type="checkbox"/>	Therapeutic foster home
<input type="checkbox"/>	Independent & transitional living services	<input type="checkbox"/>	Trained in medical procedures
<input type="checkbox"/>	Medication-Administered and Monitored	<input type="checkbox"/>	Will go to therapy with child
<input type="checkbox"/>	Mental health/emergency assessment bed	<input type="checkbox"/>	Will provide frequent transportation
<input type="checkbox"/>	Multicultural family	<input type="checkbox"/>	Works well with biological parents
<input type="checkbox"/>	On public school bus route	<input type="checkbox"/>	Other: _____

Family Accepts

	Yes	No	Maybe		Yes	No	Maybe
ADD/ADHS requiring medication				Conduct Disorder			
Adolescents				Cruelty To Animals			
Adoption				Deaf Or Hearing Impaired			
AIDS infection or HIV positive				Delinquency-Felonies/Physical Violence			
Alcohol or Substance Abuser				Delinquency-Misdemeanors/Status Offenses			
Autistic				Delinquency-Property Crimes			
Behavioral Difficulties At School				Developmental Delay/Disability			
Bilingual Capacity				Diabetic			
Birth Family Contact Post Adoption				Downs Syndrome			
Blind Or Visually Impaired				Eating Disorder			
Children Waiting Adoption				Emergency Shelter Care			
Children Waiting Residential Treatment				Emotionally Disturbed			
Cocaine Affected				Encopresis			
Cognitively Delayed				Enuresis			
Communicative Disorder-Mute/Speech Delay				Extensive Medical Attention And Care			
Compulsive Behaviors				Failure to Thrive			

Family Accepts

	Yes	No	Maybe		Yes	No	Maybe
Feeding Problem				Retardation – mild			
Females only				Retardation – moderate/severe			
Fetal Alcohol Syndrome/Drug Affected				Risk to Self or Others			
Fire Setter				Runaway Behavior			
From Adoption Home Placement Agency Only				Self Abusive			
From Foster Home Placement Agency Only				Serious Medical Problems			
Gang Involvement				Sexual Perpetrator			
Gay/Lesbian/Bisexual/Trans-gender Youth				Sexually Abused			
Health Impaired-Short Term Problem				Sexually Acting Out			
Hearing Impaired				Sexually Reactive			
ICWA Preference Placements				Sibling Groups			
Incarceration History				Significant Asthma or Allergies			
Independent Living				Significant Behavioral Problems			
Learning Disabled				Sleep Disorders			
Males Only				Social Conflict			
Medically Fragile				Specific Child/ren Only			
Mentally Ill				Stealing in the Home			
Moderate Behavioral Problems				Substance Abuse History			
Moderate Physical Disability				Suicidal ideation			
Needs help with self-care (not age appropriate)				Suicidal Threat/Attempt			
Oppositional/Defiant				Supervised Visitation			
Physically Aggressive				Teen Parent			
Physically Handicapped				Teen Parent with Child			
Pre or post maternal care				Truancy			
Pre-adoption placements				Unable to Feed			
Pre-guardianship Placements				Violent Behavior – others			
Pregnant and parenting Teens				Violent Behaviors – Self			
Property Destruction				Wheelchair Accessible			
Psychiatric Hospitalization History				Withdrawn			
Related Children Only				Other:			
Respite							

Number of children you are willing to consider: _____

Would your preferences be the same for both foster care and adoptive placements? Yes No

Comments: _____

Applicant Signature

Date

Definitions:

ICWA Preference Placement: Provider is an ICWA preference placement.

ICWA: Indian Child Welfare Act. Federal law passed in 1978 to protect Alaska Native families and communities by requiring state courts and child welfare departments to follow legal and procedural mandates and specified preferences when placing Alaska Native children in out-of-home care.

Independent and Transitional Living Services: Specialized services that include educational and employment assistance, training in daily living skills, and housing assistance for youth between the ages of 16 and 18 in the foster care system who are making the transition to independent living.

Supervised Visitation: Visitation that occurs in the presence of a responsible third party who oversees the parent/child interaction and insures the safety of the child.

Background Check Information

Alaska statutes and regulations require individual's age 16 and older who works, volunteers, or resides at a foster care home or is associated with the entity to be free from serious problems that pose a risk to children, and require background checks to ensure the safety of children placed in foster homes, adoptive homes, and in the homes of unlicensed relative caregivers. Federal law requires background checks on all prospective foster and adoptive parents. This form summarizes information that is required for three background checks: criminal justice information, protective services involvement, and licensing history.

Foster Homes, Foster Group Homes and Child Placement Agencies

Per 7 AAC 10.910, an applicant for a foster home, foster group home, or child placement agency license must submit release forms completed by the administrator, foster parent(s), and all individuals age 16 or older who works, volunteers or resides in the home of the applicant or is associated with the entity. The release form authorizes the department representative to review criminal justice information and protective service records. Per 7 AAC 10.910(b) requires the entity to submit fingerprints for all individuals age 16 and older who works, volunteers, or is associated with the entity to the department representative. The department representative will use the fingerprints to obtain the results of a criminal justice information search on the individual from the Department of Public Safety and Federal Bureau of Investigations. An application is not complete unless it provides all of the information required by 7 AAC 50.030, unless it is an application for biennial renewal of a license.

Foster parents have responsibility for ensuring that individuals in their home are free from problems that may be a threat to children. This is accomplished in part by screening volunteers, household members and employees carefully through the application process. Contact Public Safety, Records and Identification Section (907) 269-5579 in Anchorage for more information.

Under state and federal laws and regulations, child abuse or neglect and criminal justice records are confidential with the exception of the divisions of the department assigned public health and public assistance functions to assist in administering programs. These records may also be used in an administrative or court hearing. The clearance form is treated as a confidential part of the licensing file.

Definitions:

1. "child abuse or neglect" has the same meaning as in AS 47.17.290;
2. "entity" includes foster homes, and child placement agencies and an owner, officer, director, member, or partner of the entity;
3. "indictment" includes presentment or charging by information; and
4. "individual having regular contact with children in a foster home" means a caregiver, and any member of the licensee's household residing in any part of the foster home.

Alaska Regulation 7 AAC 10.955 and Statute 47.05.310:

- prohibits an individual who has been charged with, convicted of, found guilty by reason of insanity for, or adjudicated as a delinquent for, a crime that is inconsistent with the standards for licensure established by the department by regulation, from owning an entity or being an officer, director, partner, member, or principal of the business organization that owns the entity; and
- prohibits an entity from allowing that individual to operate the entity, hire or retain that individual at the entity as an employee, independent contractor, or unsupervised volunteer, allowing that individual to reside in the entity unless the individual is a recipient of services, or allowing that individual to be present in the entity if the individual would have regular contact with individuals who receive services from the entity, unless that individual is a family member of or a visitor of an individual who receives services from the entity; and
- prohibits the Department from issuing or renewing a license for an entity that is in violation of this section; and
- prohibits the Department from issuing or renewing a license for an entity if an individual who is applying for a license or license renewal has been found by a court or an agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under AS 47.10, AS 47.24, AS 47.62 or a substantially similar provision in another jurisdiction, or the individual's name appears on the centralized registry established under AS 47.05.330 or a similar registry of this state or another jurisdiction.

Alaska Regulation 7 AAC 10.955 and Statute 47.05.330: The centralized registry consists of the following information for an entity or individual service provider, an applicant on behalf of an entity or individual service provider, or an employee or unsupervised volunteer of an entity or individual service provider:

- decisions, orders, judgments, and adjudications finding that the applicant, employee, or unsupervised volunteer committed abuse, neglect, or exploitation under AS 47.10, AS 47.24, AS 47.62, or a substantially similar provision in another jurisdiction; or
- orders under a state statute or a substantially similar provision in another jurisdiction that a license of the entity or individual service provider to provide services related to the health, safety, and welfare of persons was denied, suspended, revoked, or conditioned.

Unlicensed Relative Caregivers: When an adult family member requests that a child in state custody be placed in their home under Alaska Statute 47.14.100(e) or for adoptive purposes under Alaska Statute 47.10.088(i), state and federal criminal background checks are required for the purpose of determining whether the home of the relative meets the requirements for placement. The department may conduct a fingerprint background check on any member of the relative's household who is 16 years of age or older.

Federal law 42 U.S.C. 671(a)(20)(A) (the Adoption and Safe Families Act of 1997) requires that a criminal record check be done on all prospective foster and adoptive and guardianship parents, and child placement agencies. A home study for an adoptive home will not be approved without a criminal record check.

Federal Law 42 U.S.C. 671(a)(20)(C) (the Adam Walsh Child Protection and Safety Act of 2006) requires the Department to request child abuse and neglect registry information in each state where the prospective foster or adoptive parents have lived in the past 5 years before the prospective foster or adoptive parent may be approved for placement of a child. In addition, it requires the Department to respond to requests from other states for child abuse and neglect registry checks.

On-Going Safety Checks of Licensed Foster Families: By law, licensed foster families are required to notify OCS if a member of the household is convicted, charged by information or complaint with, or is under indictment or presentment for certain offenses. In addition, OCS obtains current information about criminal activities conducted by foster family household members through the APSIN Flag Project.

Federal law 42 U.S.C. 671(a)(20)(A) (the Adoption and Safe Families Act of 1997) prohibits Title IV-E reimbursement for foster care and adoption assistance costs for a child who is placed in a foster or adoptive home where a prospective foster or adoptive parent has any of the following crimes: (Public Law 105-89, Section 106):

1. A felony conviction at any time of the prospective foster or adoptive parent(s) for
 - a. child abuse or neglect;
 - b. spousal abuse;
 - c. a crime against children (including child pornography);
 - d. a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or
2. A felony conviction within the past 5 years, for physical assault, battery, or a drug-related offense.

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- prohibits an entity from allowing that individual to operate the entity, hire or retain that individual at the entity as an employee, independent contractor, or unsupervised volunteer, allowing that individual to reside in the entity unless the individual is a recipient of services, or allowing that individual to be present in the entity if the individual would have regular contact with individuals who receive services from the entity, unless that individual is a family member of or a visitor of an individual who receives services from the entity; and
- prohibits the Department from issuing or renewing a license for an entity that is in violation of this section; and
- prohibits the Department from issuing or renewing a license for an entity if an individual who is applying for a license or license renewal has been found by a court or an agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under AS 47.10, AS 47.24, AS 47.62 or a substantially similar provision in another jurisdiction, or the individual's name appears on the centralized registry established under AS 47.05.330 or a similar registry of this state or another jurisdiction.

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1. A felony conviction at any time of the prospective foster or adoptive parent(s) for
 - a. child abuse or neglect;
 - b. spousal abuse;
 - c. a crime against children (including child pornography);
 - d. a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or
2. A felony conviction within the past 5 years, for physical assault, battery, or a drug-related offense.



Disclosure of Personal History & Release of Information Authorization

Case Number (Eight Digit Number)

Applicants are required to disclose any known civil or criminal information regarding them which would be a barrier to association with the entity which is submitting your application for background check under AS 47.05. or 7 AAC 10.900 – 7 AAC 10.990. Please attach additional pages, if necessary, to complete the required information.

Have you ever been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a crime listed in 7 AAC 10.905?

No Yes If yes, please describe: _____

Have you ever been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under Children in Need of Aid (AS 47.10), Protection of Vulnerable Adults (AS 47.24), or Office of the Long Term Care Ombudsman (AS 47.62) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you been found by a court or agency of this or another jurisdiction to have committed medical assistance fraud under Medical Assistance Fraud (AS 47.05.210) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you appeared on the centralized registry established under Centralized Registry (AS 47.05.330) or a similar registry of this state or another jurisdiction?

No Yes If yes, please describe: _____

Release of information Authorization

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that a willful misrepresentation of the information provided is cause for immediate denial or later revocation of authorization under Criminal History; Criminal History Check; Compliance (AS 47.05.310).

I, the undersigned, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization will be held in confidence in accordance with DHSS guidelines.

I, the undersigned, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Signature	Date	Parent Signature (if applicable)	Date
Applicant Printed Name	Applicant SSN	Parent Printed Name	



Disclosure of Personal History & Release of Information Authorization

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No Yes If yes, please describe: _____

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This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Signature	Date	Parent Signature (if applicable)	Date
Applicant Printed Name	Applicant SSN	Parent Printed Name	

BACKGROUND INFORMATION FOSTER PARENT
CONFIDENTIAL

Each applicant completes this form individually for the initial application. Your licensing worker is available to assist in completing the form.

EMPLOYMENT/TRAINING 7AAC 50.030, .200 & .210

Please list work experience you have had, including your current job. Tell us about subsistence activities, if any.

What education or training and/or experience have you had, that will prepare you for being a foster parent and/or for working with children with special needs?

Foster parents are required to have a specific amount of training hours annually. Are you willing to participate in the required training? Yes No

FAMILY BACKGROUND 7AAC 50.030, .210, .210 & .435

Please tell us something about the people who raised you and what important values you learned from them.

Are you raising your children the same way you were raised?
If different, how? Yes No

The foster care regulations do not allow using corporal (physical) punishment, such as spanking or slapping foster children. Will this be a problem for you? If yes, how? Yes No

What techniques do you use or would you use to help children change inappropriate behaviors to acceptable behaviors?

PRESENT MARITAL STATUS/RELATIONSHIP 7AAC 50.030, .200 & .210

Are you currently married or in a long-term relationship? Yes No

If you have a partner, how do you settle disagreements?

Have you been married previously? Yes No
If you have children born of those marriages or relationships, in what ways do you maintain contact/support with them?

CURRENT FAMILY 7AAC 50.030, .200, .210, .300 & .430

If you have children, please describe them (ages, personalities, favorite activities, etc.):

Have you talked to your children about having a foster child in your home?
What do they say/feel about having other children in the home?

Yes No

How do you teach children responsibility?

Please describe how you will involve foster children into your family.

Please describe activities you and/or your family enjoys

Please describe your family's religious, and/or cultural practices.

Signature

Date

Plan For Care

Completion of this form, and the Background Information form constitutes the required plan for supervision of children and operation of a foster home.

SUPERVISION

How will you ensure children in your care are adequately supervised?

Who is your backup emergency caregiver in the event of an emergency?

Who will you use as a baby-sitter?

If working, what childcare arrangements do you have?

Please describe the qualifications of your emergency backup, baby-sitter, and/or childcare provider.

How will you support the religious, ethnic, cultural heritage and language of a foster child's family?

How will you assist a child with different practices than your family's to attend their own religious or cultural events?

If you plan to accept a child/ren with significant medical needs, how will you ensure licensed medical personnel are available to perform the prescribed services?

What precautions will you take to ensure children in your care are adequately safe with pets/animals?

INFANT/TODDLERS

If you are licensed or approved to care for infants and toddlers, who is the primary caregiver?

Describe the primary caregiver's contacts with infants/toddlers.

If currently caring for infant/toddler, describe your activities and interactions with the infant/toddler in your care (i.e.: discovery play, quiet activities, motor development).

YOUNG CHILDREN

If you are licensed or approved to care for young children (through 8 years old), what opportunities will you provide to ensure individual self expression and imaginative play, vigorous daily physical activity, intellectual and social development, and opportunities to foster independence?

What materials, toys and equipment do you have for young children?

SECOND HAND SMOKE REDUCTION

If anyone living in your home or visitors are allowed to smoke in your car or home, please complete this form. The U.S. Environmental Protection Agency has issued a national warning that exposure to tobacco smoke in the environment (secondhand smoke) presents a serious public health risk. Please tell us your plan to reduce the effects of secondhand smoke on children in your care.

Specifically, where are people allowed to smoke in your home?

Child foster home regulations and safety practice do **not** permit smoking inside of the home unless it is in a well-ventilated area away from the immediate living area, **and** the home does not smell of cigarette smoke or other smoking products. What will you do to be sure everyone in your home follows these guidelines?

If anyone in your home smokes inside of the house, what do you do to protect the children from the effects of second hand smoke? (i.e., smoke in an entry way or garage, smoke only in a designated room of the house that is well ventilated.)

Child foster home regulations and safety practice do not permit smoking in any vehicle used to transport children. What will you do to be sure the vehicle is smoke-free?

Note: Foster children are **not** allowed to smoke. A foster parent's supervision must adequately ensure that a foster child in their care does not smoke.

Emergency Supply List
Foster Home / Foster Group Home

- Fire Extinguisher (2A:10BC) on each level
- Smoke Alarms (one in each bedroom & on every level)
- Carbon Monoxide Detector(s) – one within each sleeping area, or no more than three feet from the entrance to sleeping area on all levels.

- Disaster Kit:
 - One flashlight & batteries;
 - One battery-operated radio & batteries;
 - Potable water;
 - Nonperishable food; and
 - Blankets

- First Aid Kit:
 - disposable nonporous, nonlatex gloves;
 - sealed packages of alcohol wipes or antiseptic for thermometer cleaning only;
 - scissors;
 - tweezers;
 - a thermometer;
 - adhesive bandages;
 - bandage tape;
 - sterile gauze pads;
 - flexible roller gauze;
 - triangular bandages;
 - safety pins;
 - an eye dressing;
 - a note pad with a pen or pencil;
 - a cold pack;
 - a current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide;
 - the telephone number for the poison control center;
 - potable water;
 - splints, including small child-size splints if children are in care;
 - soap; and
 - a working flashlight.

- First Aid Kit for Outings:
 - disposable nonporous, nonlatex gloves;
 - tweezers;
 - adhesive bandages;
 - bandage tape;
 - sterile gauze pads;
 - a cold pack; and
 - potable water.

The first aid kit needs to include:

- Disposable, nonpourous, nonlatex gloves
- Sealed packages of alcohol wipes or antiseptic for thermometer cleaning only
- Thermometer
- Scissors
- Tweezers
- Adhesive bandages
- Bandage tapes
- Sterile gauze pads
- Flexible roller gauze
- Triangular bandages
- Safety pins
- An eye dressing
- Note pad with pen or pencil
- Activated charcoal
- Cold pack
- Current American Academy of Pediatrics or American Red Cross first aid text or equivalent first aid guide
- CPR barrier device or mask
- Telephone number for poison control
- Potable water
- Splints
- Soap
- Working flashlight

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

Office of Children's Services

SEAN PARNELL, GOVERNOR

751 Old Richardson Hwy, Suite 300
FAIRBANKS, ALASKA 99701-7899

PHONE: (907) 451-2650

FAX: (907) 451-2616

Dear Prospective Foster Parent:

Thank you for your interest in the Foster Care Program. It is always a pleasure to hear from individuals interested in providing a safe home for children in need. The steps to becoming licensed to provide foster care are listed below.

1. Attend a two-hour orientation session. (Schedule attached)
2. Complete an application, which can be obtained at the orientation session.
3. Upon receipt of the application, you will be invited to attend joint trainings for adoptive/foster parents applicants. If you are a two-parent family, it is important that both parents attend all the sessions together.
4. After the completed application packet is received, a home visit will be arranged to make sure your home meets safety standards and that the foster child (ren) will have a place to sleep and keep their belongings.

The following specific items will be needed for the finalization of a foster home license.

1. One fully charged and serviced **2A10BC** fire extinguisher on each level of the home.
2. One working smoke detector in each sleeping bedroom.
3. One carbon monoxide detector within each sleeping area or no more than three feet from the entrance (in the hallway) to the sleeping area. (One carbon monoxide detector per level)
4. 3 First Aid kits that contain items listed in regulation 7 AAC10.1075
5. Disaster kit that contains items listed in regulation 7 AAC10.1075
6. If the home is not on city water, a water test is needed. You can arrange this through Analytica International, Inc., 475 Hall Street & 5th Ave., (behind American Tire), Fairbanks, AK 99701, phone 456-3116. There will be a \$31.00 fee for this service.
7. An emergency escape route must be planned, practiced and documented on a fire drill report form.
8. Gates or screens for stairs and fireplaces.
9. Those living in military housing must obtain written permission from their commander to allow a non-family member to stay in their quarters. The department to contact is the JA's office.
10. Pets in the Provider's home must have immunizations that are required under State Law.

The first visit to your home may be for the purpose of issuing a provisional foster care license under emergency conditions so that a child can be immediately placed with you. During an emergency licensing visit only basic health and safety factors are checked.

For all foster families, those who have been emergency licensed as well as those going through the regular licensing process, a full home study will be scheduled following receipt of the completed licensing packet and responses from your personal references.

The first home study is the most time consuming, but the welfare of the children is our primary goal, and the time spent with you is our only means of getting to know you well enough to place children in your home.

Sincerely,

Licensing Unit

Enclosure (Rev. FCP-5/19/00)

CCF 150A (NRO 07/09)

Provider Emergency Response Information Form

Foster Family Name	Name of Provider #1	Name of Provider #2
Residence Address (Street, City, State, ZIP)		
Mailing Address (if different)		
Home Telephone Number	Cell Phone Number	E-Mail Address

Directions to the home:

Please indicate if the home is identified as located in a natural high-risk area, such as flood plain, avalanche zone, etc.

Work Location	Work Location
Provider Name	Provider Name
Employer Name	Employer Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Phone number	Phone number
Evacuation Location	Evacuation Location

Foster families must have an emergency procedure so they can be located in the event of an emergency or disaster (natural or otherwise). Please answer the following questions so that OCS can locate you in the event of a natural disaster or an emergency that may or has required you to evacuate your area. A copy of this plan will be provided to you. Please notify your worker **immediately** if there are any changes to this plan.

A. EMERGENCY CONTACTS

Please designate two people that do not live with you and whom you will call to tell them of your location and contact information, or with whom you will stay, in the event you must evacuate your home. OCS will contact them in the event of such an emergency.

Contact #1	Contact #2
Name	Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Home phone number	Home phone number
Mobile/secondary phone number	Mobile/secondary phone number

Provider Emergency Response Information Form

B. EMERGENCIES/EVACUATION

In the event of an emergency where returning home is not an option (i.e., fire, earthquake, damage to home), I (we) plan to (complete all sections):

<input type="checkbox"/> Stay in a hotel	<input type="checkbox"/> Stay with family/friends
Name	Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Phone number	Phone number

<input type="checkbox"/> Stay in a shelter	<input type="checkbox"/> Other
Name	Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Phone number	Phone number

If none of the above, please describe your alternate plan:

2. Is there anyone in your home who would require special attention during an evacuation (check one)?

Yes No

Name(s)	Type of attention needed

Note: OCS policy requires children to be evacuated if an evacuation is ordered for an area. As soon as possible after evacuating, and no later than 24 hours if possible, call your local office, or regional office to notify OCS of each child's whereabouts and condition as required by OCS Policy.

OCS Offices

Anchorage Regional Office

323 E. 4th Ave
Anchorage, AK 99501
(907) 269-4000
Fax: (907) 260-3901
Toll Free: 800-478-4444

Aniak Field Office

P.O. Box 149
Anyaraqmuite Office CTR. Ste 107
Aniak, AK 99557
(907) 675-4377
Fax: (907) 675-4290
Toll Free: 877-987-6701

Barrow Field Office

P.O. Box 1049
1250 Agvik Street, Suite 269
Barrow, AK 99723-1049
(907) 852-3397
Fax: (907) 852-3392
Toll Free: 800-644-3397

Bethel Field Office

P.O. Box 328 / State Building
Bethel, AK 99559
(907) 543-3141
Fax: (907) 543-4143
Toll Free: 800-557-3141

Craig Field Office

333 Cold Storage Road, Suite 106
P.O. Box 254
Craig, AK 99921
(907) 826-3266
Fax: (907) 826-3807

Delta Field Office

PO Box 686
2395 Kimball
Delta Junction, AK 99737
(907) 895-4452
Fax: (907) 895-4769 / (907) 246-6642
Fax: (907) 246-3526
Toll Free: 877-987-6702

Dillingham Field Office

P.O. Box 1290
104 Main Street
Dillingham, AK 99576
(907) 842-5237
Fax: (907) 842-5924
Toll Free: 888-297-5951

Gakona Field Office

PO Box 267
Mile Post 2, Tok Hwy.
Gakona, AK 99586
(907) 822-3089
Fax: (907-822-5109
Toll Free: 877-822-3089

Galena Field Office

P.O. Box 239
Front Street, Bldg. 1, Gana A Yoo
Galena, AK 99741
(907) 656-1667
Fax: (907) 656-1707
Toll Free: 877-987-6704

Homer Field Office

3670 Lake St Ste 100
Homer, AK 99603
(907) 235-7114
Fax: (907) 235-2484

Juneau Field Office

9107 Mendenhall Mall Rd Suite #300
Juneau, AK 99801
(907) 465-1650
Fax: (907) 465-1668 (Ongoing)
Fax: (907) 465-2648 (Intake)
Toll Free: 888-622-1650

Kenai Field Office

145 Main Street Loop, Rm. 100
Kenai, AK 99611
(907) 283-3136
Fax: (907) 283-9093
Toll Free: 888-521-3136

Ketchikan Field Office

415 Main Street Loop, Rm. 201
Ketchikan, AK 99901
(907) 225-6611
Fax: (907) 247-6611
Toll Free: 888-644-3397

King Salmon Field Office

P.O. Box 537
King Salmon Mall
King Salmon, AK 99613
(907) 246-6642
Fax: (907) 246-3529
Toll Free: 888-350-6642

Kodiak Field Office

316 Mission Rd., Ste. 215
Kodiak, AK 99615
(907) 486-4104
Fax: (907) 486-4104
Toll Free: 800-770-6174

OCS Offices

Kotzebue Field Office

PO Box 370
750 2nd Ave., Ste 5
Kotzebue, AK 99752
(907) 442-3226
Fax: (907) 442-2426
Toll Free: 800-440-9226

Mat-Su Field Office

695 E. Parks Hwy, Unit 3
Wasilla, AK 99687
(907) 357-9797
Fax: (907) 357-9762
Toll Free: 888-924-4538

McGrath Field Office

P.O. Box 81
McGrath, AK 99627
(907) 524-3848
Fax: (907) 524-3610
Toll Free: 877-987-6705

Nome Field Office

P.O. Box 910
320 Front Street
Nome, AK 99762
(907) 443-5247
Fax: (907) 443-2100
Toll Free: 800-440-5747

Northern Regional Office

751 Old Richardson Hwy., Ste 300
Fairbanks, AK 99702
(907) 451-2650
Fax: (907) 451-2616
Toll Free: 800-353-2650

Petersburg Field Office

16 Sing Lee Alley
P.O. Box 1089
Petersburg, AK 99833
(907) 772-3565
Fax: (907) 772-4254
Toll Free: 888-279-3565

Seward Field Office

P.O. Box 148
410 Adams St.
Seward, AK 99664
(907) 224-5236
Fax: (907) 224-7436
Toll Free: 866-376-7627

Sitka Field Office

208 Lake Street, Ste 2G
Sitka, AK 99835
(907) 747-5542
Fax: (907) 747-5542
Toll Free: 888-547-7114

Southcentral Regional Office

695 E. Parks Hwy, Unit 3
Wasilla, AK 99654
(907) 357-9780
Fax: (907) 357-9763
Toll Free: 888-304-9780

Southeast Regional Office

9107 Mendenhall Mall Rd Suite #300
Juneau, AK 99801
(907) 465-3235
Fax: (907) 465-1669
Toll Free: 877-987-6705

St. Mary's Field Office

P.O. Box 390
One Dixon Circle
St. Mary's, AK 99658
(907) 438-2200
Fax: (907) 438-2202
Toll Free: 877-987-6707

Unalaska Field Office

P.O. Box 490
205 W. Broadway Ste. 5
Unalaska, AK 99685
(907) 581-1236
Fax: (907) 581-3272
Toll Free: 888-581-1236

Valdez Field Office

P.O. Box 2740
213 Meals, Room 5
Valdez, AK 99686
(907) 835-4789
Fax: (907) 835-2651
Toll Free: 888-297-5950

Western Regional Office

P.O. Box 328 / State Building
Bethel, AK 99559
(907) 543-3141
Fax: (907) 543-4143
Toll Free: 800-557-3141

Get Out Alive! A Fire Escape Planner

This is your fire escape planner. If a fire starts, smoke and heat can kill you unless you plan in advance to escape quickly. You may have only several minutes to reach safety. Everyone needs to know how to get out so they can act quickly and without panic.

Your fire safety plan requires:

- Smoke detector on each level of your home.
- Fire extinguisher on each level of your home.
- Escape routes marked on a floor plan
- Specified meeting place outside your home.
- Plan to evacuate everyone in 150 seconds, including children who can't get out by themselves.
- Practice your escape plan monthly. Practice at different times of the day and using alternate exits.

Sample Escape Plan



