

Agency Use Only Date Application Form Received: _____ Name of Staff Receiving Form: _____
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**Confidential**

**APPLICATION FORM for FOSTER CARE LICENSE**

*(Per Regulation at 7 AAC 67.030, if the household is headed by two adults who act as head of household, both adults must apply for the license. Two-parent household means a two-individual domestic relationship in which the individuals are married, have a domestic partnership, or cohabitate.)*

**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:	
Race (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"/> Pacific Islands <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> CIB/BIA #: _____		Race (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"/> Pacific Islands <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> CIB/BIA #: _____	
<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:	
Place of Birth: _____		Place of Birth: _____	
Primary Language: _____		Primary Language: _____	
Religious Affiliation (optional): _____		Religious Affiliation (optional): _____	
Education (last grade completed): _____		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.)		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.)	
Marital Status:		Marital Status:	
Work Phone:	Home Phone:	Work Phone:	Home Phone:
Additional Phone:	E-mail Address:	Additional Phone:	E-mail Address:

Alaska Department of Family and Community Services  
Office of Children's Services

Street Address	City/Village	State	Zip
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Mailing Address	City/Village	State	Zip
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Directions to home:

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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?  Yes  No

**Household Members** (Include all individuals living in the home or on the premises full or part-time. Do not include 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 \_\_\_\_\_  Male  Female  
 Specific child(ren) only  Pre Adoptive Children Only

**Closest Schools**

Elementary School	Middle School	High School
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Have you ever submitted/applied to the State of Alaska for any care listed below?  Yes  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  Child Care

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

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 one of whom is 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 form.
- 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 provided a completed Clearance Form (06-9437) for each applicant and household member age 16 and older.
- I (we) will provide fingerprints and necessary background check forms within 30 days of submitting this application.
- 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.
- I (we) will cooperate with the licensing worker to complete the licensing requirements to become fully licensed.
- I (we) certify that the above information and any information given at a later date will be true, complete, and accurate.

<p>_____</p> <p>Applicant Signature</p> <p>Date: _____</p>	<p>_____</p> <p>Applicant Signature</p> <p>Date: _____</p>
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\* If 2-applicants, both must sign



Foster Parent Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Applicant Background Information**

### **CONFIDENTIAL**

**Each applicant completes this form individually for the initial application. Your licensing worker is available to assist in completing the form. If you need more space, please attach additional documentation.**

#### **A. EMPLOYMENT/TRAINING 7 AAC 67.030, 67.100, 67.105 & 67.120**

1. Please list your work experience, education, or training, including your current job and/or subsistence activities.
  
  
  
  
  
  
  
  
  
  
2. How have the above-listed experiences prepared you for being a foster parent and/or for working with special needs children?
  
  
  
  
  
  
  
  
  
  
3. Foster parents are required to have training to meet the needs of children in care. Are you willing to complete all training as required? Yes  No

#### **B. FAMILY BACKGROUND 7 AAC 67.030, 67.100, 67.105 & 67.240**

1. Describe the family who raised you and what important values you learned from them.
  
  
  
  
  
  
  
  
  
  
2. Describe the methods of discipline used by the people who raised you through childhood, adolescence, and into adulthood.

#### **C. FINANCIAL STATEMENT 7 AAC 67.030**

1. Does your family have adequate supports, finances, subsistence, or community resources to support the household independent of the monthly foster care reimbursements? Yes  No

Please describe:

**D. PERSONAL HISTORY 7 AAC 67.030, 67.100, 67.105 & 67.240**

1. Please describe your individual and family talents and any community, cultural, religious affiliations, practices, or activities of your family.

2. Do you currently have any physical health or mental health conditions that might interfere with your ability to care for children? Yes  No

**If yes**, please explain.

3. Do you take any prescription medication? If so, please list the type of medication, where it is stored, and how it may affect your ability to care for children.

4. Do you or any household member grow, store, or use any type of marijuana in the home? Yes  No

**If yes**, please request and submit a Marijuana Supervision Plan to ensure safe and sober supervision.

5. Do you or any household member store or consume alcohol in the home? Yes  No

If yes, describe how often it is consumed, where it is stored, used, and how you will ensure safe and sober supervision of children in your home.

**E. PRESENT MARITAL STATUS/RELATIONSHIP 7 AAC 67.030, 67.100 & 67.120**

1. Are you currently married or in a relationship? Yes  No

2. Do you have children from a previous relationship where the other parent will have access to your home? Yes  No

**If yes**, please explain.

3. How do you manage or settle disagreements with your partner and/or others?

**F. CURRENT FAMILY 7 AAC 67.030, 67.100, 67.120 & 67.240**

1. Please tell us about the children in your household (i.e., names, ages, personalities, special needs, favorite activities, etc.

2. Have you talked to the children in your household about receiving a foster child in your home? Yes  No

What do they say/feel about other children sharing your attention and living in their home?

**G. PARENTING 7 AAC 67.010, 67.030, 67.100, 67.120 & 67.240**

1. How do you address acting out behaviors at differing stages of development?

Infant/toddler, 0-3:

Child, 4-9;

Youth, 10-12;

Teen, 13-18:

2. How is good behavior rewarded at your home for the differing developmental stages?

Infant/toddler, 0-3:

Child, 4-9;

Youth, 10-12;

Teen, 13-18:

3. What are your primary methods of discipline for children at differing developmental stages?

Infant/toddler, 0-3:

Child, 4-9;

Youth, 10-12;

Teen, 13-18:

4. The foster care regulations do not allow using corporal (physical) punishment, such as spanking, hitting, flicking, or slapping foster children.

Will this be a problem for you? Yes  No

**If yes**, please explain.

5. Do you use corporal (physical) punishment on your own children? Yes  No

**If yes**, how will you handle this when foster children are placed in your home?

6. The Office of Children's Services does not provide respite for foster parents. Please describe a situation where you may need respite when a child is placed in your home and what your plan is? (Respite is when a caregiver is needed in the absence of a foster parent no longer 14 days.):

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Printed Name

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Signature

---

Date

**CLEARANCE FORM**

CONFIDENTIAL

Worker \_\_\_\_\_  
Field Office or \_\_\_\_\_  
Private Agency \_\_\_\_\_

**Instructions:** Complete a separate form for **EACH** foster care applicant, unlicensed relative caregiver, adoptive applicant or guardian, household member age 16 years and older, and adult with direct access to children in the home.

Last Name	First Name	Middle Name	Household Name	
Aliases, Maiden Name, Previous Married Name(s)		Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Place of Birth: City	State	Country	
Driver License Number	State of Issuance	Home Phone Number	Alternate Phone Number	
Physical Address		City	State	Zip
Mailing Address		City	State	Zip

Residency: Alaska \_\_\_\_\_ Yrs \_\_\_\_\_ Mo's      Physically here \_\_\_\_\_ Yrs \_\_\_\_\_ Mo's

Please list your previous residence for the last five(5) years. Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

Have you been previously licensed to care for children or adults?  
NO       YES  If yes, indicate city, state, and type of care and dates of licensure:

Have you ever had a license to care for children or adults revoked, denied, or suspended in Alaska or any other state?  
NO       YES  If yes, attach an explanation

Have you or any household members at any time ever been investigated for child abuse or neglect?  
NO       YES  If yes, attach an explanation.

Do you have a physical, health, mental health, or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.  
NO       YES  If yes, attach an explanation.

Do you have a domestic violence problem or alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children?  
NO       YES  If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense?  
NO       YES  If yes, attach an explanation.

I authorize the department 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 the department and agency responsible for evaluating the facility. I agree and understand that I will be placed on the APSIN flag system. I certify that the contents of this form and information provided with it are true, accurate, and complete.

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



## RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

\*\*\*This form must be signed by the applicant for a background check and must be maintained in the individual's personnel file. If requested by the department, the form must be provided within 24 hours.\*\*\*

I, \_\_\_\_\_, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Family and Community 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 for Background Check will be held in confidence in accordance with DFCS guidelines.

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

I, \_\_\_\_\_, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I, \_\_\_\_\_, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

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

\_\_\_\_\_  
Printed Name of Applicant (must be legible)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Applicant's SSN

\_\_\_\_\_  
Parent Printed Name, if applicable (must be legible)

\_\_\_\_\_  
Parent Signature.

Foster Parent Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Signature

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Worker \_\_\_\_\_  
Field Office or \_\_\_\_\_  
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Aliases, Maiden Name, Previous Married Name(s)		Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Place of Birth: City	State	Country	
Driver License Number	State of Issuance	Home Phone Number	Alternate Phone Number	
Physical Address		City	State	Zip
Mailing Address		City	State	Zip

Residency: Alaska \_\_\_\_\_ Yrs \_\_\_\_\_ Mo's      Physically here \_\_\_\_\_ Yrs \_\_\_\_\_ Mo's

Please list your previous residence for the last five(5) years. Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

Have you been previously licensed to care for children or adults?  
NO       YES  If yes, indicate city, state, and type of care and dates of licensure:

Have you ever had a license to care for children or adults revoked, denied, or suspended in Alaska or any other state?  
NO       YES  If yes, attach an explanation

Have you or any household members at any time ever been investigated for child abuse or neglect?  
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Do you have a physical, health, mental health, or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.  
NO       YES  If yes, attach an explanation.

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

I, \_\_\_\_\_, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I, \_\_\_\_\_, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

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

\_\_\_\_\_  
Printed Name of Applicant (must be legible)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Applicant's SSN

\_\_\_\_\_  
Parent Printed Name, if applicable (must be legible)

\_\_\_\_\_  
Parent Signature.

## Plan For Care

**Completion of this form, and the Background Information Foster Parent 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?

In the event of an emergency, who is your backup emergency caregiver?

Who will you use as a regular baby-sitter?

If working, what childcare arrangements do you have?

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

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

How will you assist a child with different practices than your families, to attend their 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 prescribed services?

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

**INFANT/TODDLERS (ages 0-3)**

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 (ages 4-9)**

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

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



**SECOND HAND SMOKE REDUCTION**

The Centers for Disease Control reports, "Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth." If anyone in your household smokes, whether tobacco, marijuana, e-cigarettes, or any other substance, please describe all use here by answering the following questions.

Do you or any household members smoke?

What substances are smoked?

Please explain your plan to reduce the effects of secondhand smoke on children in your care.

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?

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.

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

<input type="checkbox"/> <b>Stay in a shelter</b>	<input type="checkbox"/> <b>Other</b>
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.

### Family Characteristics

**Please check the characteristics that describe your family and home the most:**

Relative Placement	Multicultural Family
Alaskan Native/American Indian Household	Bilingual:
Interstate Compact on the Placement of Children (ICPC) Placement - Children in Another State's Custody	Specialized Training:
PARKA (Preparation Adoption Readiness for Kids in Alaska) Family	Other:
Child Placement Agency (CPA) Home	Parent(s) in Home all Day
Consult with Division of Juvenile Justice (DJJ)	Single Parent Home
	Parent(s) Work - Child Care Needed
In-home Childcare (Daycare) Provider	Pet(s) in Home
Licensed through Tribe/Tribal Placements	Home Schooling
Medication Administration and Monitoring	Outdoor/Wilderness Activities
Trained in Medical Procedures	Faith Based Activities/Organization
Independent & Transitional Living Services	Smoker(s) in the Home
Respite Provider	Alcohol use in the Home
	Marijuana use in the Home
On Public School Bus Route	Wheelchair/Handicap Accessible
Able to Meet Frequent Transportation Needs	ASL/American Sign Language
No Vehicle/Cannot Transport	Will go to Therapy with Child
Limited Transportation Availability	Works Well with Biological Parents

### Family Accepts: *Please Check Yes or No*

	Yes	No		Yes	No
Specific Child/ren Only			Learning Disabilities		
Adoption/Guardianship only			Behavioral Challenges		
Males Only			Conduct Disorder/Oppositional Defiant		
Females Only			Compulsive Behaviors		
Sibling Groups			Drug Affected		
Teenagers			ADD/ADHD Managed with Medication		
Teen Parent- Pregnant or with a Child			ADD/ADHD Managed without Medication		
Children in Transition to Independent Living			Physically Aggressive Behavior Toward Others		
Communicative Disorder-Mute/Speech Delay			Cruelty to Animals		
Short Term Health Impaired			Arson History		
Feeding Challenges			Theft History		
Complex Medical Conditions			Alcohol/Substance Abuse History		
Blind or Visually Impaired			Self-Harming Behavior/Suicide Attempts		
Deaf or Hearin Impaired			History of Running Away		



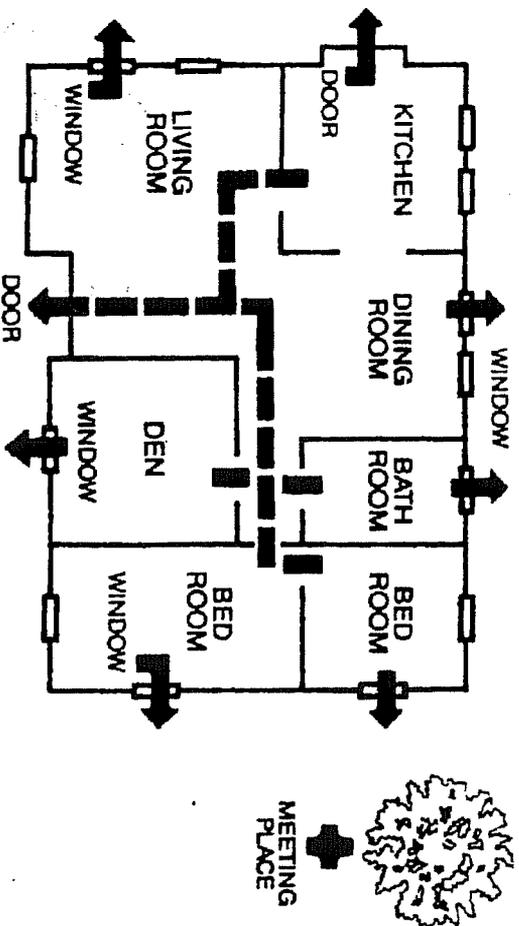
# Get Out Alive! A Fire Escape Planner

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







- 4) If marijuana is grown, where are the plants kept and how are they secured?
- 5) Describe your supervision plan for the children in your care while using alcohol, marijuana, or regulated substances.
- 6) Who is your backup caregiver while using alcohol, marijuana, or regulated substances?

\_\_\_\_\_  
Printed name of individual completing form

\_\_\_\_\_  
Signature of individual completing form

\_\_\_\_\_  
Date



## Alternate Caregiver Background Check

Foster Parents, Thank You for working with us to ensure the safety of the children in your care!

Please provide this packet to your potential alternate caregiver(s).

**Alternate Caregivers** are intended to provide supervision and care for a period of your **absence over 24 hours** and may **not exceed 48 hours** in a calendar week *unless approved* by the Department. Please refer to your copy of the Foster Home Standard by Standard Evaluation, or review the statute found in **7 AAC 67.120**:  
<https://www.akleg.gov/basis/aac.asp#7.67.120>.

**\*Remember**, alternate caregiver(s) may **not** be used *until* you have received notice from the Department.

**Alternate caregivers, please return this packet to your local OCS office.**

## Alternate Caregiver:

**Arrange fingerprinting by contacting the OCS Office nearest you. (There is no cost to you or the foster parent)**

**Please find attached forms to be submitted at the time of fingerprinting.**

**To find the OCS office nearest you visit:**

<https://dfcs.alaska.gov/ocs/Pages/offices/default.aspx>

### Regional Supervisor Information:

<p>Anchorage Regional Office: 907-269-4000 Kelli Carpenter or Ramiah Vaoalii <a href="mailto:kelli.carpenter@alaska.gov">kelli.carpenter@alaska.gov</a> <a href="mailto:ramiah.vaoalii@alaska.gov">ramiah.vaoalii@alaska.gov</a> 323 E 4th Ave. Anchorage, AK 99501</p>	<p>Southcentral Regional Office: 907-357-9797 (Wasilla area): Julie Hubbard <a href="mailto:julie.hubbard@alaska.gov">julie.hubbard@alaska.gov</a> 695 E. Parks Hwy, Unit 3 Wasilla, AK 99654</p>
<p>Northern Regional Office: 907-451-2650 Carmen Brooks <a href="mailto:carmen.brooks@alaska.gov">carmen.brooks@alaska.gov</a> 751 Old Richardson Highway,#300 Fairbanks, AK 99701</p>	<p>Southcentral Regional Office: 907-283-3136 (Kenai Peninsula, Bristol Bay area): Michelle Partridge <a href="mailto:michelle.partridge@alaska.gov">michelle.partridge@alaska.gov</a> 145 Main St Loop #100, Kenai, AK 99611</p>
<p>Southeast Regional Offices: Ketchikan 907-228-3258 Juneau 907-465-1650 Forrest McGillis <a href="mailto:forrest.mcgillis@alaska.gov">forrest.mcgillis@alaska.gov</a> 415 Main St #201 Ketchikan, AK 99901 or 9107 Mendenhall Mall Rd #300 Juneau, AK 99811</p>	<p>Western Regional Office: 907-543-3141 Kirsten Debbaut <a href="mailto:kirsten.debbaut@alaska.gov">kirsten.debbaut@alaska.gov</a> P.O. Box 328 Bethel, AK 99559</p>

**Government issued photo ID is needed to process fingerprints**

- State ID
- Drivers License
- Tribal ID
- Passport

School ID is an acceptable alternative for teens.

Options for submitting copies of ID

- Submit a copy at your local OCS office, Attn: Licensing
- Request a copy be made at your local OCS office, Attn: Licensing
- Take a photo of your ID and text or email to licensing worker

# Information for Fingerprint Card

*Please complete the following information and return this form to \_\_\_\_\_.  
Without this information, your fingerprints cannot be processed.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Suffix (Jr., Sr., etc.) \_\_\_\_\_

Any AKAs (Maiden, previous married, and Aliases' Names):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male or Female (please circle one)

Race: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ inch.

Weight: \_\_\_\_\_ lbs.

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Country of Citizenship:

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

(Or) State ID Number: \_\_\_\_\_

Social Sec. Number: \_\_\_\_\_

Birthplace:

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact information:

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_



## RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

\*\*\*This form must be signed by the applicant for a background check and must be maintained in the individual's personnel file. If requested by the department, the form must be provided within 24 hours.\*\*\*

I, \_\_\_\_\_, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Family and Community 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 for Background Check will be held in confidence in accordance with DFCS guidelines.

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

I, \_\_\_\_\_, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I, \_\_\_\_\_, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

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

\_\_\_\_\_  
Printed Name of Applicant (must be legible)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Applicant's SSN

\_\_\_\_\_  
Parent Printed Name, if applicable (must be legible)

\_\_\_\_\_  
Parent Signature.