Unlicensed Relative or Prospective Foster Home Safety Evaluation

For Unlicensed Relatives or Provisional Licenses Issued under Emergency Conditions
Note: Information on this form is confidential.

HOUSEHOLD MEMBER BACKGROUND CHECKS

THE SECTION BELOW WILL BE COMPLETED BY OFFICE OF CHILDREN'S SERVICES

The following background checks must be completed for each household member age 16 and older in addition to the Alaska Public Safety Information Network (APSIM) check:

- Do any household members have any Child Protective Services History: No ☐ Yes ☐
- Do any household members have a Court View History: No ☐ Yes ☐
- Do any household members have any Sex Offender Registry History: No ☐ Yes ☐
- Do any household members have a Previous Negative Licensing History: No ☐ Yes ☐
- Do any household members have any JOMIS History (age 12-15): No ☐ Yes ☐

Were all household members 16 and older processed through APSIN: Yes ☐ No ☐

Were all household members age 12-15 processed through the Juvenile Offender Management Information System (JOMIS)? Yes ☐ No ☐

Printed Name __________________________ Date __________

(Individual who completed and assessed background check information)
### Unlicensed Relative or Prospective Foster Home Safety Evaluation

<table>
<thead>
<tr>
<th>Adult Caregiver #1</th>
<th>Adult Caregiver #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name, First, MI</td>
<td>Last name, First, MI</td>
</tr>
<tr>
<td>Aliases, Maiden Name, Previous Married Name(s)</td>
<td>Aliases, Maiden Name, Previous Married Name(s)</td>
</tr>
<tr>
<td>Primary Phone</td>
<td>Alternate Phone</td>
</tr>
<tr>
<td>Alternate Phone</td>
<td>Alternate Phone</td>
</tr>
<tr>
<td>Email Address</td>
<td>Email Address</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City/Village</td>
</tr>
<tr>
<td>City/Village</td>
<td>State</td>
</tr>
<tr>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Street Address</td>
<td>City/Village</td>
</tr>
<tr>
<td>City/Village</td>
<td>State</td>
</tr>
<tr>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

**First and Last Names of All Individuals in Household (Do not include foster children)**

<table>
<thead>
<tr>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Birth Date</th>
<th>Relationship to Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Blood, adoption, marriage, Tribal custom, N/A</td>
</tr>
</tbody>
</table>

**Please note:** Clearance form (06-9437) and fingerprints must be completed for each household member 16 years or older within 30 days of placement.

If there are past child protection or criminal background issues, further assessment may be required prior to licensure or placement.

Relative is defined as an individual who is related to another by blood, adoption, marriage, or Tribal custom. If more than two non-relative children are placed, a licensing variance is required. 7AAC 50.990 (42)

Please complete the following for the foster children who are placed with the caregiver(s) or pending placement.

<table>
<thead>
<tr>
<th>Initials of Child</th>
<th>ORCA Case Number</th>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Birth Date</th>
<th>Date Placed (or note if child is Pending Placement)</th>
<th>Relationship to Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Blood, adop., marriage, Tribal custom, N/A</td>
</tr>
</tbody>
</table>

**Is the Out of Home Placement documented in ORCA?**

☐ Yes  ☐ No
Safety Evaluation

Describe the sleeping arrangements for the child(ren)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does the adult caregiver(s) have the supplies and equipment needed to provide for the child(ren) in care?
Yes □ No □ If no, what is needed (formula, diapers, car seat, etc.)?
________________________________________________________________________

________________________________________________________________________

Describe any special needs, medical needs, and/or necessary services of the child(ren) and the caregiver's ability to meet these needs?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are there two ways to safely escape the home in the event of an emergency? Yes □ No □
Describe the emergency escape plan: ____________________________________________
________________________________________________________________________

________________________________________________________________________

Is there a window that opens in each sleeping room? Yes □ No □
If no, please explain how this will be addressed: __________________________________
________________________________________________________________________

________________________________________________________________________

Are there working fire extinguishers on each level in the home? Yes □ No □
(There must be one 2A 10BC multipurpose fire extinguisher on each level)

________________________________________________________________________

Are there working carbon monoxide detectors on each level in the home? Yes □ No □
(Homes that use oil, wood, natural gas, or propane must have detectors in each sleeping area or within 3 feet from the entrance)

________________________________________________________________________

Are there working smoke alarms in each sleeping area and each level in the home? Yes □ No □
Are the heaters portable, electric or fuel burning? Yes □ No □
If yes, please explain: _______________________________________________________
________________________________________________________________________

________________________________________________________________________

Please describe type and any potential safety concerns, including concerns related to the heating devices in the home (e.g., combustible materials within 3 feet of a fire source):
________________________________________________________________________

________________________________________________________________________

Are there any potential hazards in the home or in the surrounding area? Including exposed live electrical wires, poisonous plants, or potentially dangerous household pets: Yes □ No □
If yes, what are the potential hazards and what is the plan to keep the children safe from them?
________________________________________________________________________

What is the water supply? City □ Well □ Hauled Water □ Rain Catchment □
Where and how are medicines and toxic cleansers stored? How are children protected from accidental exposure?

Where and how are firearms and ammunition stored? How are children protected from contact?

Note: Firearms must be unloaded and stored in a locked place that is not visible or accessible to children in care and ammunition is stored separately.

Do any household members smoke tobacco? Yes ☐ No ☐
Do any household members use marijuana, alcohol or prescription medications? Yes ☐ No ☐
If yes, how are the children protected from accidental exposure to the above substances and what is your plan for supervision?

ADULT CAREGIVER CERTIFICATION AND SIGNATURE

- I (we) certify that the above information and any information given at a later date will be true, complete, and accurate.
- I (we) will provide fingerprints within 30 days of the placement of a child in my (our) home.
- 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, child 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 (we) understand that if a provisional license is issued under emergency conditions it is for the specific child/ren placed in our home and valid under certain conditions until a full study can be completed.

Adult Caregiver #1 Signature ____________________________  Adult Caregiver #2 Signature ____________________________
Date: ____________________________  Date: ____________________________
REFERENCE:
Evaluator to obtain one reference check (cannot be a relative or anyone directly involved in the case)

Name: ________________________________ Phone Number: ________________________________

Mailing Address: ________________________________ City: ________________________________ State: __________ Zip: __________

Provide a statement from the reference regarding adult caregiver’s ability to safely care for child(ren). If there is more than one caregiver in the home be sure to include a statement regarding each caregiver. Questions can include, how the person gets along with others, individual’s ability to show patience, tolerance, and acceptance of others, how the individual disciplines children, and their style of parenting, whether the person has any safety concerns of a child being the individuals home?

__________________________________________________________________________________________________________________________________

OTHER PERTINENT INFORMATION AND EVALUATOR’S RECOMMENDATION

Is there any other information that the evaluator would like to report regarding the safety and well-being of the child(ren) being placed in the home?

__________________________________________________________________________________________________________________________________

Does the evaluator recommend this home for placement?    Yes □    No □

If other supports are needed to make this placement successful, please describe.

__________________________________________________________________________________________________________________________________

Printed Name of Individual Completing Safety Evaluation ________________________________ Name of Agency ________________________________

Signature of Individual Completing Safety Evaluation ________________________________ Date ________________________________

Authority: AS 47.05.310, AS 47.32 42 U.S.C 671 (a)(20)
UNLICENSED RELATIVE STUDY OUTLINE
This form is completed after the Unlicensed Relative or Prospective Foster Home Safety Evaluation (06-9013).

PSS__________       Today’s Date__________       ORCA #__________

When a relative chooses not to become licensed, the PS Specialist will meet with the relative caretakers to discuss the topics listed below. The form should be completed prior to placement whenever possible, or within 30 days of placement. The form can be completed either telephonically or in person. Fingerprint based background checks are required for all household members 16 years of age or older. This form will be filed in section three of the case file.

1. What the relative’s relationship to the child has been (e.g., frequency of contact and quality of contact).

2. What the relative knew (if anything) about the abuse and neglect before our intervention and what they did with that knowledge.

3. The relative’s understanding about the specifics of the abuse and/or neglect and the role of the child’s parent in the maltreatment.

4. The relative’s expectations of what it will be like to have this child in their home.

5. The relative’s understanding of the trauma the child has experienced and how the relative will meet those needs.

6. The relative’s ability to manage the conflicting loyalties that caring for and protecting the child would create given the nature of the relative’s relationship to the parent who has abused or neglected the child.

7. The ability of the relative to participate in and/or support family contact and reunification efforts.

8. What the relative plans to do should the parent try to disrupt the placement in some way (evaluate how realistic that plan is).

9. The relative’s normal disciplinary techniques and the impact that those techniques may have on the child given the abuse and neglect the child has experienced.

10. Describe the family’s history, if any, related to child abuse or neglect, substance abuse or domestic violence. If there are issues, how have they been resolved? **Note: If a relative being considered for placement has a significant medical or mental health history that may impact their ability to safely care for the child, the relative must sign releases for appropriate records. An evaluation may be required to make a decision.**

11. Please describe how the family will exit the home in the event of a fire or natural disaster. How will the family educate the child on the plan? **Note: The worker will verify that the Resource Family Handbook has been provided to the relative and they understand their responsibility to notify OCS in case of an emergency, accident or illness.**

Placement: ☐ recommended ☐ not-recommended

Summarize the basis for the recommendation, including any safety concerns (this section will be copy and pasted into an ORCA Relative/Placement Search activity note):
CLEARANCE FORM

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 # | □ Male □ 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 ten (10) 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 or denied 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 an 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.

Household Member Signature

Date

Authority: AS 47.05.310, AS 47.32 42 U.S.C. 671(a)(20)
(Office of Children's Services Licensing Staff Use Only)

Background Check Program Cleared: □ Yes □ No

Worker Name ___________________________ Date ______________

Child Protective Service Record Checks

Protective Services History □ No □ Yes (Information Attached)
Criminal Justice History □ No □ Yes (Printout Attached)
Court Records Problem □ No □ Yes
Sex Offender Registry History □ No □ Yes
Previous Licensing Problem □ No □ Yes (Information Attached)

☐ Criminal Justice APSIN Check
☐ Criminal Justice JOMIS Check (must also be run on all children age 12 and older)

Comments:

Name of worker who did the checks ___________________________ Date ______________

06-9437 (Rev. 8/2017) LIC ADOP CPS Page 2 of 2 Authority: AS 47.05.310, AS 47.32
42 U.S.C 671 (a)(20)
AUTHORIZATION FOR RELEASE OF INFORMATION FROM CHILD ABUSE AND NEGLECT REGISTRY

Worker ____________________________

Field Office or Private Agency ____________________________

Instructions: Complete a separate form for EACH foster or adoptive parent or guardian, and all adult family members.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Name of Foster or Adoptive Home</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Residency: Alaska ______ Yrs ______ Mos Date of Birth ______
Physically here ______ Yrs ______ Mos [ ] Male [ ] Female

If in Alaska less than five years, previous addresses and length of time in each location:
1/ ______ 2/ ______ 3/ ______

Aliases, Maiden Name, Previous Married Name(s), Social Security #

I authorize the licensing representative to review child protection records and to share this information with the applicant/licensee and if applicable, between OCS and agency responsible for evaluating the home. I certify that the contents of this form and information provided with it are true, accurate, and complete.

Signature of Applicant/ Adult Household Member ____________________________ Date ____________

Records Check: (Office of Children's Services Use Only)

Protective Services History: [ ] No [ ] Yes (Information Attached) ____________ ____________
(reason must be listed if "No")

Worker Initials ____________ 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 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 for Background Check will be held in confidence in accordance with DHSS guidelines.

I, ____________________________, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSN) 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) ____________________________

Signature of Applicant ____________________________

Applicant's SSN ____________________________

Date ____________________________

Parent Printed Name, if applicable (must be legible) ____________________________

Parent Signature ____________________________
Information For Fingerprint Card

Please complete the following information and return this form to LeeAnne. This information is needed to be entered into the Fingerprint computer.

Last Name: ________________________________
First Name: ________________________________
Middle Name: ______________________________
Suffix (Jr., Sr., etc.): ________________________

Any AKA’s (Maiden name, Previous married names, etc: ________________________________

Date of Birth: ______________________________
Gender: Male: ______ or Female: ______
Race: ________________________________
Height: Feet: _______ Inches: _______
Weight: _______ lbs.
Eye Color: _____________ (See back of form for options)
Hair Color: _____________ (See back of form for options)
Country of citizenship: ____________________________
Driver’s License Number: __________ or State ID Number: __________ State Issued: __________
Social Security Number: ____________________________
Birthplace:
City: ________________________________
State: ________________________________
Country: ________________________________
Mailing Address: ________________________________

Residence Address if Different: ________________________________
Applicant Instructions

Fingerprint Cards

Complete and submit one card for each individual (16 years of age or older). Do not fold the cards.

Please use only cards supplied to the local OCS office or licensing partner agency by the Department of Public Safety with an ORI preprinted number. If you need additional cards contact your worker.

Schedule an appointment with your local OCS office to get your fingerprints rolled and submitted for processing.

The person who "rolls" your fingerprints may complete the information fields or they may ask you to enter the information. Print clearly and use black pen. Be sure he/she completes fields 18 & 23.

The person taking your fingerprints will ask for I.D to verify identification.

If fingerprint cards are rejected by Public Safety or the FBI, they will be returned and the prints will need to be retaken and resubmitted.

Data Information Fields (see card sample on back):

1. **NAM** field: Your full name - last, first, middle
2. **Alias AKA** field: Enter maiden name, previous married name(s), other names used. Note: the local office or licensing partner agency will also have entered their agency ID number here.
3. **ORI** field will be preprinted by Public Safety. Do not alter this field.
4. **Date of Birth** DOB field: Month, day, and year using numbers (example: 01/12/70)
5. **Citizenship CTZ** field: List country (example: USA)
6. **SEX** field: M for male and F for female
7. **RACE** field: Enter the appropriate 1 character code:
   - A = Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese
   - B = Black
   - I = American Indian, Alaskan Native, Eskimo
   - W = White, Mexican, Latin, Puerto Rican, Cuban, Central/South America, other Spanish cultures
   - U = Unknown
8. **HGT** field: Height using feet and inches (example: 5'6")
9. **WGT** field: Weight in pounds
10. **EYE COLOR** field: Use one of the following 3 character codes:
    - BLK Black
    - HAZ Hazel
    - BLU Blue
    - MAR Maroon
    - BRO Brown
    - PNK Pink
    - GRY Gray
    - UNK Unknown
    - GRN Green
11. **HAIR COLOR** field: Use one of the following 3 character codes:
    - BAL Bald
    - RED Red
    - BLK Black
    - SDY Sandy
    - BLN Blond
    - WHI White
    - BRO Brown
    - XXX Unknown
    - GRY Gray
12. **Place of Birth** POP field: List the state, territorial possession, province (Canadian) or country of birth. Use correct abbreviation for foreign countries or correctly spell the name of the country.
13. **OCA** field: leave blank.
14. **FBI** No. FBI field: leave blank
15. **Armed Forces No.** MINU field: leave blank
16. **Social Security No.** **SOC** field: Your social security number

17. **Miscellaneous No.** **MNU** field: Enter your AK Driver's License Number. If you do not have an Alaska driver's license, enter "none". Do not enter driver's license number from another state.

18. **Date field**: Filled out by the official taking the fingerprints. Must have month/day/year.

19. **Employer and Address field**: N/A

20. **Reason Fingerprinted field**: This may be preprinted on your card or added by the person rolling your prints and should identify facility type and: AS 12.62.160

21. **Signature of Person Fingerprinted field**: Sign here

22. **Residence of Person Fingerprinted field**: Use physical residence address including Zip code.

23. **Signature of Official Taking Fingerprints field**: Signed at time fingerprints are taken

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**Sample Fingerprint Card**

(Fields numbered to match above explanations and information label/stamp used in fields 19 & 20):

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>LEAVE BLANK</th>
<th>LAST NAME</th>
<th>NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>FBI</th>
<th>LEAVE BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE OF PERSON FINGERPRINTED</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENCE OF PERSON FINGERPRINTED</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX</td>
<td></td>
<td></td>
<td>Qity St.</td>
<td>Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATE</td>
<td>SIGNATURE OF OFFICIAL TAKING FINGERPRINTS</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMPLOYER AND ADDRESS</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REASON FINGERPRINTED</td>
<td>20</td>
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</tr>
</tbody>
</table>

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