

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Welcome to the Child and Family Services Agency's new online system for completing licensing forms to become a Foster, Adoptive, or Kinship Parent!

Our new process both expedites the licensing process and helps you to easily document your efforts towards completion of foster care licensing requirements.

Once you have successfully entered all necessary information on the forms, you may choose between printing them out and bringing them to class **OR** you may email the forms to the Family Licensing Division. You may save the forms to your computer and email them to the Family Licensing Division at the email address listed below or simply utilize the online option for document submission by selecting the submit at the top of this page and the forms will be sent directly to our central email box at CFSA.LicensingDocs@dc.gov.

- ✚ If you have any questions about your forms, you may use the same email address above to ask for clarification. We will respond within 24 hours or the next business day!
- ✚ If you prefer to discuss your questions with a staff member, feel free to ask your foster parent trainer during any class session or your assigned licensing specialist.
- ✚ For resource parents who have finished training and have already been assigned to a social worker, please contact your social worker directly for questions.

Finally, the Family Licensing Division is dedicated to making sure your licensing experience is a positive one. Please contact us with any concerns!

Most importantly, we thank you for offering your valuable talents, time, and homes while partnering together with us to care for children in the District of Columbia.

PLEASE FORWARD ALL COMPLETED FORMS, DOCUMENTS, AND QUESTIONS
TO CFSA.LicensingDocs@dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Adoption & Foster Care Application

I am interested in:

(Please check one)

Foster Care

Adoption

Kinship Care

Applicant (Parent 1)

Last First MI DOB Male/Female

Spouse or Partner (Parent 2)

Last First MI DOB Male/Female

Address

Street Apt # City/State Zip

Home Phone

(Parent 1) Work Phone

Email address: _____

(Parent 2) Work Phone

1. How long have you lived at this address: _____
2. Do you live within a 25-mile radius of Washington DC? Yes No
3. Do you reside in Section-8 Housing: Yes No or Transitional Housing Yes No

Personal Information

Parent 1

Parent 2

3. Place of Birth _____
4. Social Security _____
5. Religion _____
6. Highest Grade Completed _____
7. Race/Ethnic Origin _____
8. Number of Bedrooms _____
9. Insurance (check all that you have) Life Medical Auto Home

Children at Home

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Others in Home

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Sources of Income

Parent 1

Parent 2

10. Who is your primary Employer? _____

11. Annual Income _____

(√ Check all that apply)

Employment Self-Employment Social Security/Disability Retirement

SSI TANF or AFDC Child Support Other _____

Marital Status

12. Single Married Separated Divorced Dom. Partner Widowed LGBT Individual/Family (optional)

If married, date of marriage _____

Criminal History

13. Do you or anyone in your household have a trial pending for any charge? Yes No
If yes, please explain: _____

14. Have you or anyone in your household ever been convicted of a crime? Yes No
If yes, please explain: _____

15. Are you or anyone in your household currently on probation or parole? Yes No
 If yes, please explain: _____

16. Have you or anyone in your household ever been investigated for child abuse or neglect?
 Yes No If yes, please explain: _____

Medical History

17 Does either parent have any health condition for which you are or have recently received treatment? If yes, please explain:

Parent 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Parent 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

18. Are you currently or have you ever been an adoptive or foster parent? Yes No
 If so, where and when did you adopt/foster? DC MD VA Yes Other _____
 Date _____

19. Are you currently applying or have you ever applied to become an adoptive or foster parent through another agency? Yes No
 If yes, please explain and indicate the agency and date: _____

About the Child(ren) You Wish to Adopt/Foster (check all that apply)

Age Range	Gender	Number of Children
<input type="checkbox"/> 0 – 2 years	<input type="checkbox"/> Male	<input type="checkbox"/> one
<input type="checkbox"/> 3 – 5 years		<input type="checkbox"/> two
<input type="checkbox"/> 5 – 10 years	<input type="checkbox"/> Female	<input type="checkbox"/> three
<input type="checkbox"/> 10 – 15 years		<input type="checkbox"/> four
<input type="checkbox"/> 15 – 20 years	<input type="checkbox"/> Either	<input type="checkbox"/> five or more

****Please Note CFSA Licenses all homes from 0-20 or 6-20 depending on Lead Paint Results**

20. Would you consider fostering or adopting any of the following:
 Children with special medical/emotional needs Teenage mothers and their children

Comments/Remarks _____

Please Sign:

I attest to the best of my knowledge that all of the above information is correct and complete.

Parent 1

Date

Parent 2

Date

Please return this application to the recruiter during orientation fax or mail to:

**CHILD & FAMILY SERVICES AGENCY
ADOPTION & FOSTER CARE RECRUITMENT UNIT
200 I Street SOUTHEAST
WASHINGTON, DC 20003
FAX: (202) 727-3348**

For more information call: (202) 671-LOVE (671-5683)

Referrals

1. How did you hear about this program? _____

2. Do you know a neighbor, friend or family member who is interested in adoption or foster care?

Name

Phone

Summary and Disposition

(For Office Use Only)

* Date referred to orientation _____

Home approved Yes No

* Date referred to training _____

Date home approved _____

* Date training completed _____

Comments

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Agency Policy on Discipline and Corporal (Physical) Punishment

Child and Family Services Agency is mandated by law (D.C. Law 2-22- Prevention of Child Abuse and Neglect Act of 1977) to report child abuse and neglect. According to this law, an abused child is “a child under eighteen (18) years of age whose parent, guardian or custodian inflicts or fails to make reasonable efforts to prevent the infliction of physical, mental, and/or sexual abuse or molestation.” Corporal punishment means the inflicting of pain or discomfort. Prohibited actions include, but are not limited to, hitting with any part of the body or with an instrument, pinching, pulling, shaking, binding a child, forcing him/her to assume an uncomfortable position, or locking him/her in a room or closet. “Emotional neglect is a significant impairment of the child’s emotional ability to function adequately and which is caused by action or inaction of person(s) responsible for his/her care.”

This prohibition is in effect whether punishment is spontaneous or a deliberate technique for effecting behavior change or part of a behavior management plan.

In addition to being mandated by law, Child and Family Services Agency believes that children who have been abused (physically and sexually) and neglected, must not be subjected to corporal (physical) punishment or emotional neglect in foster or adoptive homes. Therefore, the following policy is in effect:

1. Foster parents, adoptive parents, members of their families, volunteers and other substitute caretakers (who are approved by the foster or adoptive parents and agency) **may not** use corporal (physical) punishment as a disciplinary method.
2. Foster parents, adoptive parents (and others as noted above) **may not** use emotional neglect or verbal abuse as a disciplinary method.
3. Foster and adoptive parents **may not** give others permission to use corporal punishment toward any child under the supervision of the agency’s care or responsibility.
4. All instances of corporal punishment or emotional neglect must be reported to Child and Family Services Agency and the Local Social Services agency/Police department where the foster family resides.
5. Child and Family Services Agency staff is prepared to partner with foster/adoptive parents in developing appropriate methods for discipline of the foster children in their care.

6. The Child and Family Services Agency supports the judicious use of alternatives to corporal (physical) punishment such as:
- a. Be a Role Model
 - b. Provide the Child with Time Out
 - c. Provide Positive Reinforcers and Privileges
 - d. Take away Privileges
 - e. Ignore the Behavior
 - f. Provide Natural and Logical Consequences
 - g. Ensure that Restitution Occurs
 - h. Hold Family Meetings
 - i. Develop Behavioral Charts
 - j. Use Grandma's Rule or This for That
 - k. Help the Child Understand Feelings
 - l. Replace Negative Time with Positive Time
 - m. Provide Alternatives for Destructive Acting-Out Behaviors
 - n. Make a Plan for Change with the Child
 - o. Make a Plan for Change with the Child and a Professional

The Child and Family Services Agency Social Worker will provide additional guidance on the important role of disciplining foster/adoptive children upon request.

I have read and understand the above policy and agree to abide by it.

Signature	Title	Date
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Signature	Title	Date
-----------	-------	------

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Apartment Management Letter

Date: _____

This is to certify that the lease for apartment number _____ located at

_____ is in the
(Address)

name of _____
(Lease Holder)

The Occupancy capacity of this apartment unit is _____ (maximum number of occupants allowed in unit).

Name

Signature

Title/Firm/Property Management

Telephone

COMMENTS:

RETURN FORM TO:

Describe briefly your experience (s) in caring for children:

12. I have been provided the requirements and responsibilities applicable to foster parent(s) by the social worker and I understand that:
- a. The license, when granted, will be valid for two years. To maintain my license specific documents must be renewed every year.
 - b. The care I will provide to the children shall ensure their safety, well-being and permanence.
 - c. All health regulations for adults and children shall be met.
 - d. I shall keep a register showing the children's names, ages, dates accepted, dates discharged and reasons for discharge, as well as the names and address of parents and guardians where appropriate.
 - e. The Director of Child and Family Services Agency or his/her designated representative shall have the right to inspect the above mentioned foster home.
 - f. If at any time there is evidence that the health, welfare or safety of the child(ren) is threatened, the Director of Child and Family Services Agency or his/her designated representative can/shall begin the process of license suspension or revocation.
13. I certify that the information provided above is complete and correct.

Signature of Applicant (include maiden name if applicable)

Date: _____

Signature of Spouse (If applicable)

Date: _____

**RETURN TO: The Child and Family Services Agency, Family Licensing Division,
200 I Street SE, Washington, DC 20003**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Basic Requirements to Maintain Your Foster Home License

1. The home must be in a sanitary condition.
2. Each child must have his or her own bed.
3. No more than three (3) children may occupy the same room without the specific consent from the Family Licensing and Training Division. This bedroom must be 150 square feet.
4. Children over eighteen (18) months of age may not share a room with an adult.
5. Children over five (5) years of age may not share a bedroom with children of the opposite sex.
6. The home must be heated at an average temperature of 70 degrees during the winter months.
7. The home must have hot water.
8. The home must have electricity.
9. The home must have adequate toilet and bath facilities, (recommended one full bath for five occupants).
10. Children must have an adequate supply of clothing.
11. Meals must meet the basic nutritional needs of children according to current USDA standards.
12. There must be a first aid kit in the home at all times.
13. All children must receive prompt and proper medical treatment.
14. Caretaker(s) must have sufficient income of their own (aside from foster care payments) to meet their own needs.
15. Caretaker(s) must be in good health.
16. Caretaker(s) must receive a biennial screening for tuberculosis.
17. Any change in the composition of the foster parent's family must be reported to their licensing worker.
18. No more than three (3) foster children may occupy a foster home at any one time without specific consent.
19. Serious illnesses or death of either foster parent must be reported to the Child and Family Services Intake Hotline at (202) 671-SAFE.
20. The foster home must be inspected at least annually.
21. The foster home must have operable smoke detectors and fire extinguishers.
22. Firearms and ammunition must be stored in a locked cabinet or area not accessible to children.
23. The home must maintain working telephone services at all times.
24. Caretaker(s) must provide at least ten (10) business days notice to the agency when requesting the removal of a foster child from their home.
25. To maintain your license, caretaker(s) must complete a total of 30 hours of in-service training every 2 years.

These basic regulations were explained to me by the social worker/re-licensing worker whose signature is below. I understand that there are additional regulations that may be brought to my attention, from time to time, by Family Licensing and Training Division Staff.

Signed _____
Foster Parent Date

Signed _____
Foster Parent Date

Signed _____
Foster Parent Date

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Basic Agreement for Board and Care by Foster Parents for Wards of the District of Columbia

THIS AGREEMENT made in Washington, D.C. this _____ day of _____, 2_____,
Date
Month
Year

by and between the District of Columbia, hereinafter called "The District", and _____ and
Name

_____ Foster Parents, residing and maintaining a family home at
Name

_____,
Address

hereinafter called "Foster Parent."

WITNESSETH:

Par. 1. The Foster Parent (s) agree to provide board and care including provision of food, shelter, laundry services, and supervision of wards of the District of Columbia. Child and Family Services and Foster Parent, shall mutually determine the appropriate child to be placed in the home

Par. 2. The Foster Parent(s) agree that they will render the services referred to in Paragraph 1, to and for the child (ren) in their care, in the same manner as if the child (ren) were members of the Foster Parent family. Foster parent (s) will report any instances of known or suspected child abuse or neglect to Child and Family Services Agency.

Par.3. The District agrees to provide an initial clothing allowance, plus monthly payments for care and services per child at the following rates: Note: Itemized listing unchanged:

	UNDER 11 YEARS OF AGE		12 YEARS OLD OR OLDER	
	30 day	31 day	30 day	31 day
Regular	966.90	999.13	1089.90	1126.23
Special	986.10	1018.97	1128.60	1166.22
Handicap	1048.20	1083.14	1206.60	1246.82
Multi-Handicap	1230.00	1271.00	1421.70	1469.09

Par. 4. The Foster Parent(s) agree to purchase and maintain adequate clothing and hygiene supplies for foster care child(ren), based on the rates specified in paragraph 3.

Par. 5. The District agrees to provide medical and dental care for foster child (ren).

Par. 6. This agreement may be terminated by the Foster Parents by giving the District 10 days notice in advance; provided, however, that this Agreement may be terminated without notice in advance in the event of an emergency affecting the Foster Parents, such as illness, death or fire. The District reserves the right to terminate this Agreement, as to any one or more of the children received by the Foster Parents for care under this Agreement, without prior notice to said Foster Parents; however, the District agrees, except in the case of emergencies, to give the Foster parents sufficient notice when a child is to be placed elsewhere for them to plan and prepare for the removal of the child.

Par. 7. The District will make payment for board and care and for the services rendered by the Foster parents in accordance with the terms of this Agreement, the check to be drawn in the name of

Foster Parent

Par. 8. This Agreement shall be effective from _____ and continue in force from year to year; subject to appropriations by Congress, need for rate changes, and to the provision of Paragraph 6 relating to termination by the parties hereto.

Foster Parent

Foster Parent

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Child Protection Register Check Application
License to Operate a Foster/Adoptive Home (CPR Check – foster/adoptive home license)

This form is used for a CPR Check requested in connection with either an application for a license to operate a foster/adoptive home from a child placing agency licensed in the District of Columbia or the renewal of a license to operate a foster home or by an individual seeking to be licensed as a foster/adoptive parent.

INSTRUCTIONS: Please PRINT or TYPE, filling in all requested information, and sign in the places marked “Applicant Signature.” **Please do not use initials to represent your first or middle name.** However, if your first or middle name consists of only an initial, please indicate. A complete street address is required in addition to P.O. Box numbers.

Each person living in the household (temporarily or permanently) of the person who is applying to be a foster/adoptive parent (including a temporary foster parent) and who is 18 years of age or older, must complete a separate CPR Check Application.

PART I: Applicant Information

NAME: _____
Last First Middle

D.O.B. _____ Social Security No. _____
Month Day Year -- --

Race: _____ Gender: Male Female

List **all** names ever used (*maiden, married, alias, etc.*; continue on additional pages if needed):

Last First Middle

PART II: Licensee Information Provide the following information concerning the individual seeking the license to operate a foster/adoptive home. If the same as the person identified in Part 1, above, write "same".

NAME: _____			
Last	First	Middle	
D.O.B. _____			Social Security No. _____ -- _____ -- _____
Month	Day	Year	
Race: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

PART III: Household Information List all persons living at the current address. Print their Name, Date of Birth, and Relationship below.

NAME (Last, First, Middle)	D.O.B	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV: Applicant Residency List all complete addresses (exclude zip code) at which the individual has resided or worked from age eighteen (18) years, and the dates lived or worked there, beginning with the most recent. Continue on additional pages if needed.

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART V: Applicant Release

1. I understand and agree that this Child Protection Register Check Application – License to Operate a Foster/Adoptive Home is being made in connection with the application for a license to operate a foster/adoptive home made by the person identified in Part II, above.
2. I understand and agree that the result of the CPR check will be provided to relevant CFSA foster/adoptive home licensing and monitoring staff, as well as relevant staff of the child placing agency through which the licensing application is made (if different).
3. I understand and agree that the result of the CPR check may also be provided to relevant CFSA, contract agency or other child placing agency staff providing case management services to a foster child who is or may be placed in the foster/adoptive home.
4. I understand and agree that the results of the CPR check may also be shared with:
 - The individual who is applying for the license to operate a foster/adoptive home if the results of the check are relevant to the decision whether to grant the license;
 - The Family Court if the results of the check are relevant to the court proceedings concerning a foster child who is or would be placed in the home; and
 - CFSA Office of Fair Hearings and Appeals or the District of Columbia's Office of Administrative Hearings if the results of the check are relevant to a fair hearing concerning the license to operate a foster/adoptive home.
5. I consent to the results of the CPR check being released to (provide name and address of agency you want to receive the results): _____

PART VI: Applicant Signature and Attestation This form must be notarized unless identification is shown to a CFSA staff member who has signed below.

The information in this Child Protection Register Check Application – License to Operate a Foster/Adoptive Home is true and correct to the best of my knowledge, information and belief.

Applicant's Signature

Date

Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID _____

ID # _____

Witnessed by CFSA staff member:

Name printed: _____

Title: _____

JURISDICTION: _____

Subscribed and affirmed or sworn to me, in my presence,

on this _____ day of _____, 20____.

Signature of Notary Public

Notary Public, _____
Jurisdiction

My commission expires on ___/___/___

PART VII: Agency Information (Please review entire application before forwarding to the CFSA CPR Office.
MAIL COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
400 6th Street, SW
Washington, DC 20024
Attn: Child Protection Register

➤ **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA MAIL:**

Agency Name: _____ Phone Number: _____
Email Address (optional): _____ Cubicle/Room # (CFSA Only) _____
Address: _____ City: _____
State: _____ Zip Code: _____ Attention: _____
Last Name First Name

➤ **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA FAX:**

Please fax the response to: _____
(Agency Name)
Attention: _____
(Designated Agent)
Fax Number _____

I UNDERSTAND THAT I WILL NOT RECEIVE AN ORIGINAL COPY IN THE MAIL IF I REQUEST A
FAXED COPY. _____
(Initials)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Clean Hands Certification

To The Applicant: Please read carefully and completely before signing. A false statement on this certification requires that the department proceed immediately to revoke the license or permit for which you are now applying, and fine you \$1,000.00. This certification is required by the "clean hands before receiving a license or permit act of 1966" (Effective May 11, 1966, D.C. Law 11-118, D.C. Code § 47-2861 et seq.).

I, _____ certify that as of _____ I do not
Print Name Clearly *Date*

owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification

I understand that this Certification is now required as documentation to accompany my application for a license or permit and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

SIGNATURE OF APPLICANT

TITLE

SIGNATURE OF APPLICANT

TITLE

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Day Care Center/Family Day Care Home

Name of Resource Parent (s): _____

Home Address: _____

	Name	Work Address	Work Number
Resource Parent 1			
Resource Parent 2			

Please Identify three Day Care/Child Care Centers near your home or work:

1st Preference

Name of Center/Provider: _____ License # _____ Contact Person: _____

Address: _____ Phone: _____

Check if this is near home or work: HOME: _____ WORK: _____

2nd Preference

Name of Center/Provider: _____ License # _____ Contact Person: _____

Address: _____ Phone: _____

Check if this is near home or work: HOME: _____ WORK: _____

3rd Preference

Name of Center/Provider: _____ License # _____ Contact Person: _____

Address: _____ Phone: _____

Check if this is near home or work: HOME: _____ WORK: _____

Time care is required: Before School After School All Day (check all that apply)

Resource Parent's Signature: _____ Date: _____

Resource Parent's Signature: _____ Date: _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



**Emergency Back Up Form
For Kinship/Foster/Adoptive Parents**

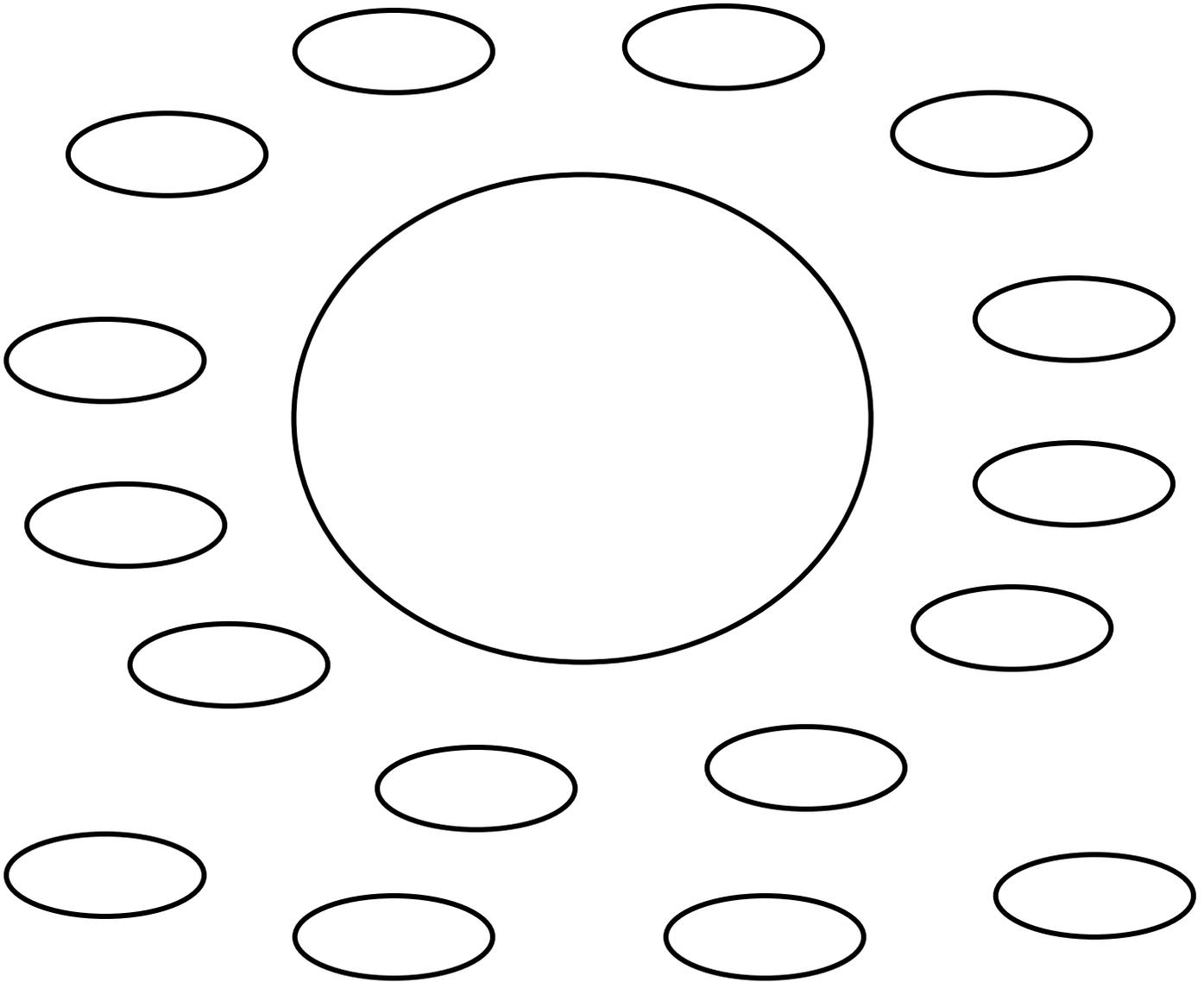
	Name	Address	Phone #
First Back-Up			
Second Back-Up			

Resource Parent's Signature: _____ Date: _____

Resource Parent's Signature: _____ Date: _____

ECO-MAP

MEETING EIGHT



Please print out this form, it will be completed during session 8.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division



**Prospective Kinship/Foster/Adoptive Parent
Employment Verification Form**

Instruction: Section A of this form is to be completed by the applicant and submitted to his/her employer. The employer is to complete Section B and return to employee or mail the form to Child and Family Services Agency Foster Care Resources Administration within (5) days.

The following employee has applied to become a kinship/foster/adoptive parent of children who are Wards of the District of Columbia Child and Family Service Agency. We would appreciate you completing this form in order that we may have the benefit of your observations.

Section A – To Be Completed By Employee:

1. **Name of Employee:** _____

2. **Place of Employment:** _____

3. **Address:** _____

4. **Position:** _____

5. **Gross Salary:** _____ / _____ / _____
(Monthly) (Bi-weekly) (Weekly)

Length of Employment _____

I, _____, hereby consent for my employer to give
Employee Signature

the following information:

Section B – To Be Completed By Employer

1. Employer's Verification:

I verify that the information stated in Section A is Correct Incorrect
with the following changes:

Honesty and Dependability: _____

Additional Comments: _____

Employer's Name Printed: _____

Employer's Signature: _____ Date: _____

Title: _____

Place of Employment: _____

Address: _____

Telephone: _____

Please return form to

Child and Family Services Agency
Foster Care Resources Administration
Family Licensing Division
200 I Street, SE
Washington, DC 20003
Room 3658

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Kinship/Adoptive/Traditional Parents

Please complete the following request form in order to schedule your initial fire inspection.

After completion of attached form, you must go IN PERSON and complete a fire inspection application at:

THE OFFICE OF THE FIRE MARSHAL
WATERFRONT COMPLEX
1100 4TH STREET, SW
SUITE E-700
WASHINGTON, DC 20024
202-727-1600
(METRO: WATERFRONT: GREEN LINE)

Please retain a copy of the application submission given to you by The Office of the fire Marshal for your foster care licensing file.

Fire Inspections Are Time Sensitive Therefore Expeditious Submission Is Greatly Appreciated

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Request for Fire Inspection or Re-Inspection

Please complete the entire form in order to process your request

PART 1

(Applicant Information) ***You Must** Include Your Ward and Zip Code

Type of Home (Check One):

Kinship Traditional Adoptive

Name: _____ Provider ID # _____

Address: _____ APT: _____

*Ward: _____ *Zip Code: _____ Owner/Renter, if renter provide owner name, address

and phone number _____

Home # _____ Work/Other #: parent 1: _____ parent 2: _____

Name/Age of child(ren) in the home (kinship cases only) _____

PART II

(To be completed by the Referring Worker)

Referring Worker: _____ Phone #: _____

Supervisors Name: _____ Phone#: _____

Date Request Submitted: _____

IS THIS A COURT ORDERED CASE (please check correct response): Yes No

If yes attach a copy to this request

Date of Next Court Hearing? _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



To: Kinship/Traditional/Adoptive Foster Parent Applicants

Re: Fire Inspection Regulations

Date: March 1, 2012

The Child and Family Services Agency is grateful for your willingness to open your homes and your hearts to the children of the District of Columbia, whose lives have been touched by child abuse and neglect. The task to care for the needs of the children is a daunting one and your graciousness in partnering with us to meet this need is heart-felt and appreciated. The agency is well aware that we cannot do the work we do without you.

The Family Licensing and Training Division is the licensing arm of the Child and Family Services Agency. We work communally with you and other local District Government agencies to license homes that meet the District of Columbia Municipal Regulations (DCMR), as it relates to fire inspections. According to the DCMR Chapter 60, it states:

29-6007. GENERAL PHYSICAL ENVIRONMENT

6007.1 A foster home shall be free from all safety hazards, including fire, sanitation, and health hazards.

6007.28 A foster parent who lives in an apartment building shall obtain evidence from the building manager or landlord that the building has been approved for fire safety within the last two (2) years.

Each home must complete and successfully pass a fire inspection and meet with the District regulations in this and other areas. As of January 1, 2009, the fee for fire inspections is \$150.00 per home. We are working in partnership with the DC Fire Department to establish an agreement that will serve to meet the needs of the agency and promote compliance with the fire inspection regulations, to include inspections of all adoptive/traditional/kinship homes and those residences located within apartment buildings. Until such time as we have been able to establish this agreement, the fee for fire inspections of all foster/adoptive/kinship homes and apartment buildings shall be held in abeyance until further notice.

We appreciate your attention to this matter and will keep you informed each step along the way. Again, thank you for your support and patience as we move forward to a successful agreement.

Sincerely,

Anna M. Bell, Program Manager

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division**



Fire Escape Drawing and Plan

Family Name: _____ Address: _____

	ESCAPE INFORMATION
	PLANNING FOR ESCAPE
	Trace a floor plan of each room in your home on the graph. The normal escape may be blocked. Therefore plan two exits from every bedroom.
	1. Outline each bedroom including hallways.
	2. Draw all windows, doors stairways and connecting rooms, which might be used to escape.
	3. Mark the preferred escape route with heavy arrows and the secondary route with light arrows.
	4. Arrange a place for all members of the family to meet outside the home (i.e. neighbor's driveway, nearby parking lot or any other location <u>away</u> from the home. <u>Tragically many people have died going back into a burning home looking for family members who were already outside.</u>
	5. Be sure EVERYONE has an emergency escape route. Consider installing an escape ladder, re-arranging rooms and placing children closer to exits.

Fire Drills (Every 4 Months)

Date	Date	Date	Date
------	------	------	------

Our Family's Outside Meeting Place Is: _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division**



Kinship/ Foster/Adoptive Home Emergency Evacuation Plan

My house has _____ floors.

Basement: There are _____ bedrooms on the basement level. We will exit the bedroom(s) using the nearest window or the basement steps to the first floor in case of an emergency/fire.

First Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and exit the house through the front door. If unsafe or blocked by the fire, we will leave the house through the nearest exit.

Second Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and use the stairs leading to the front door and exit the house through the front door. If unsafe or blocked by the fire, we will exit the house through the nearest bedroom window. We recommend the use of a portable ladder.

Third Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and use the stairs leading to the front door and exit the house through the front door. If unsafe or blocked by the fire, we will exit the house through the nearest bedroom window. We recommend the use of a portable ladder.

My apartment is located on the _____ floor

Apartment/Home: There are _____ bedrooms in the apartment. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave through the bedroom door, exit the apartment through the front door, and use the stairs leading to the front entrance to exit the building. If unsafe or blocked by the fire, we will exit the apartment through the nearest bedroom window using the stairs/fire escape exit located outside the apartment unit.

Drills/Evacuation: All the above mentioned exits are kept freely accessible at all times. All foster children in the home will be taught the proper way to exit from our home, and we agree to hold four (4) fire drills a year. We currently have functional smoke detectors (that are checked monthly) and fully charged fire extinguishers on each floor.

Firearms and ammunition are stored in a locked cabinet or secured area not accessible to children. Please detail the secure location: _____

This plan shall be reviewed annually at the time of foster home evaluation and re-licensing.

Signed: _____
Kinship/Foster/Adoptive Parent

Date: _____

Signed: _____
Kinship/Foster/Adoptive Parent

Date: _____

Signed: _____
Social Worker/Re-Licensing Worker

Date: _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division**



Foster Parent Agreement

Agency Responsibilities:

1. Provide all available placement information including special supervision needs if applicable (Procedure A of “Relationship with Resource Parents” (RRP) policy)
2. Involve foster parents as partners in case and service planning
3. Assist Foster parents in advocating for all service needs for the child (e.g. school, medical)
4. Consider foster parents schedule whenever possible, while making appointments for child
5. All removals of children from foster parent’s home will be done according to law.
6. Provide 24 hour crisis services-Tool kit in handbook
7. Ensure timely and accurate stipends/reimbursements
8. Provide respite services
9. Assist with transportation when extenuating circumstances make it necessary
10. Provide procedures for foster parents to request emergency removals for safety/crisis reasons
11. Provide clear process, procedures, and supportive services to prevent placement disruptions (Procedure B – RRP policy)
12. Provide quality, relevant, and competency based in-service training, including training on policy updates
13. Provide internal grievance process and information about appeal/fair hearing processes for placement changes, investigations, and service delivery
14. Provide clear guidance and information around emergency preparedness
15. Approve requests for travel and other activities within ten (10)days
16. Work with foster parents to develop permanency options and consider foster parents as potential options
17. Notify foster parents about court and administrative reviews
18. Provide feedback and transparency about concerns and usage of a foster parent’s home

Shared Responsibilities:

1. Mutual respect
2. Planning towards permanency
3. Open lines of communication
4. Adherence to Practice Model

Foster Parent Responsibilities:

1. Follow policy requirements of foster parents (Procedure C, RRP policy)
2. Informing agency about unusual incidents (including arrests, charges, and investigations)
3. Follow confidentiality policy
4. Maintain a current license; this includes attending 30 hours of in-service training every two years, notifying the agency of any household changes, and maintaining relevant insurance such as auto insurance
5. Follow appropriate medication procedures (procedure K, RRP policy)
6. Support a positive relationship with the child's birth family
7. Participate as part of the child's team
8. Foster for only one agency at a time
9. Have a back-up person (AI on back-up person)
10. Follow policy on overnight visits (AI on overnight visits)
11. Follow the procedures to request the removal of a child
12. Provide child specific supervision
13. Support the child in practicing his/her own faith
14. Have an emergency disaster plan
15. Notify the agency when going out of town (AI on travel)
16. Provide transportation for the child as outlined in CFSA policy (Procedure B, RRP)

Family Licensing/Training Worker
Child and Family Services Agency

Date

Foster Parent

Date

Foster Parent

Date

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Welcome to the Child and Family Services Agency's new online system for completing licensing forms to become a Foster, Adoptive, or Kinship Parent!

Our new process both expedites the licensing process and helps you to easily document your efforts towards completion of foster care licensing requirements.

Once you have successfully entered all necessary information on the forms, you may choose between printing them out and bringing them to class **OR** you may email the forms to the Family Licensing Division. Simply utilize the online option for document submission and the forms will be sent directly to our central email box at CFSA.LicensingDocs@dc.gov.

- ✚ If you have any questions about your forms, you may use the same email address above to ask for clarification. We will respond within 24 hours or the next business day!
- ✚ If you prefer to discuss your questions with a staff member, feel free to ask your foster parent trainer during any class session or your assigned licensing specialist.
- ✚ For resource parents who have finished training and have already been assigned to a social worker, please contact your social worker directly for questions.

Finally, the Family Licensing Division is dedicated to making sure your licensing experience is a positive one. Please contact us with any concerns!

Most importantly, we thank you for offering your valuable talents, time, and homes while partnering together with us to care for children in the District of Columbia.

PLEASE FORWARD ALL COMPLETED FORMS, DOCUMENTS, AND QUESTIONS
TO CFSA.LicensingDocs@dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division



Request for Lead Based-Paint Inspection
For all homes built before 1978

If you choose not to have your home inspected for lead, you may only be licensed for children ages 6-20 years old

Please complete the entire form in order to process your request

PART 1

(Applicant Information) *You Must Include Your Ward and Zip Code

Type of Home (Circle One):

OTI Kinship Traditional Adoptive Cog Temp

Name: _____ Provider ID # _____

Address: _____ APT: _____

*Ward: _____ *Zip Code: _____ Owner/Renter, if renter provide owner name, address

and phone number _____

Home # _____ Work/Other #: parent 1: _____ parent 2: _____

Was your home built prior to 1978? Yes No

Name/Age of child(ren) in the home _____

PART II

(To be completed by the Referring Worker)

Referring Worker: _____ Phone #: _____

Supervisors Name: _____ Phone#: _____

Date Request Submitted: _____

IS THIS A COURT ORDERED CASE (please check correct response): Yes No

If yes attach a copy to the court order

Date of Next Court Hearing? _____

For further information contact:

Simone Sibert

Lead Based Paint Specialist

202-727-7318

simone.sibert@dc.gov

200 I Street, SE, Washington, DC 20003

www.cfsa.dc.gov

FLD 01/2013

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division



Biometric Livescan Form

* To be completed by all providers, household members 18 years of age and older, frequent visitors (such as paramours), and back-up caregivers

FACES Provider ID#: _____
Date Submitted: _____ Date Scanned: _____
Licensing Social Worker/Requester: _____ Livescan Operator: _____
Booking ID#: _____ SRY: Y N DC Local IDENT NONIDENT
Provider(s) Name: _____
Names that will appear on the license

Provider Types: Adoptive Parent Foster Parent Kinship Parent Temp Licensing Placement
 Backup Child Care Provider Court Ordered Visitation Grandparent Program Other _____

Do you live in the home with the Foster /Adoptive parent? Kinship Parent?
 Grandparent Program Provider?

Name of person fingerprinted: _____
(Please Print) Last First Middle Name

Aliases: _____
Last First MI

Date of Birth: _____ Gender: Male Female Race _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

State of Birth: _____ Social Security Number: _____

Country of Citizenship _____

Photo ID Type: Gov Military Drivers State ID ____ Number: _____

Home Address: _____
Street

City State Zip Code

Phone Number: _____
Home Work Cell

Please read and sign below

I confirm that the above information is true to the best of my knowledge and agree to undergo a criminal background check including but not limited to the DC Metropolitan Police Department (MPD) and the FBI.

Signature: _____

Distributed to: _____ Date Results Distributed: _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division**



Major Monthly Expenses for Prospective Kinship/Foster/Adoptive Parents

INSTRUCTION: Applicants are to complete this form and return it to the home study or re-licensing worker. Fill in all blanks. Use "None" or "N/A" (not applicable), as appropriate.

Name

Parent I _____ Parent II _____

Address: _____

Place of Employment

Parent I

Parent II

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Annual Income

Parent I _____

Parent II _____

Salary

Salary

Mortgage: _____

Monthly Payment

Name(s) on Deed

Rent: _____

Monthly Payment

Name(s) on Lease

Other property payments (if applicable) _____

Utilities

Gas: _____

Electricity: _____

Oil: _____

Telephone: _____

Cable: _____

Child support (if applicable): _____

Car Payment (s): _____

Insurance

Car: _____
Name of company Policy Number Driver's License

Car: _____
Name of company Policy Number Driver's License

Parent I

Parent II

Life: _____

Health: _____

Home/Apartment: _____

Loans/Credit Cards: _____

Food: _____

Miscellaneous (i.e. cell phone, clothing, entertainment):

Total expenses: _____

Total Net Monthly Income: _____

Total Income: _____

Subtract Expenses: _____

Remaining Income: _____

Signature Date

Signature Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Medical Report for Applicant and All Members 18 Years of Age or Older Residing In Prospective Foster / Adoptive / Kinship Home

Name: _____ Sex: Male Female

Date of Birth: _____ Telephone #: (____) _____

Address: _____
Number Street Apt# (if applicable) City State Zip code

I have examined the above-named person and certify that he/she is:

1. Free from disease in communicable form.
2. In satisfactory physical condition, which will permit close association with children, without danger to them.

In addition to the above questions the following tests need to be completed:

Tuberculin test (by the Mantoux method) Date: _____ Result: _____

Chest X-Ray (in a positive reactor) Date: _____ Result: _____

Comments: _____

Findings:

Please provide a summary of medical, emotional or substance abuse problems or condition, if any, which may affect the individual's ability to work with or provide care for children.

Recommendations:

Based on this examination, it is my professional opinion that the above individual is medically and emotionally fit to work with or provide care for children.

Yes No

Comments: _____

Signature of Physician or Nurse Practitioner: _____

Address of Physician or Nurse Practitioner: _____

Telephone number: (____) _____

Date of Examination: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Protection of Foster Children from Abuse

Foster parents are responsible for protecting the children in their care from abuse, neglect and other risks to the child's health or safety. In order to ensure this, the Child and Family Services Agency ("CFSA"):

- Requires foster parents to teach and guide the foster child using techniques that stress praise and encouragement. Foster parents are prohibited from using any form of corporal punishment. For further information, see "Use of Appropriate Discipline and Control by Foster Parents".
- Requires foster parents to report suspected child abuse or neglect to the CFSA HOTLINE @ (202-671-7233)
- Requires staff of the child placing agency under which a foster home operates to report suspected child abuse, neglect or a risk to the child's health or safety.
- Investigates all reports that a foster child may be abused or neglected, or may have their health or safety at risk.

Definitions of child abuse and neglect

"Child abuse" is the infliction of physical¹ or mental² injury upon a child, or the sexual abuse,³ exploitation, negligent treatment or maltreatment of a child by the child's parent, guardian or custodian. Child abuse does not include discipline that is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. Child abuse includes, but is not limited to:

¹ Physical injury, that is bodily harm greater than transient pain or minor temporary marks

² Mental injury that is harm to a child's psychological or intellectual functioning. This harm may be exhibited by severe anxiety, depression, withdrawal, or outwardly aggressive behavior, combination of those behaviors, and which may be demonstrated by a change in behavior, emotional response, or cognition.

³ Sexual abuse, meaning:

- Engaging in, or attempting to engage in, a sexual act or sexual contact with a child;
- Causing or attempting to cause a child to engage in sexually explicit conduct; or
- Exposing a child to sexually explicit conduct, which is actual or simulated sexual act, sexual contact, bestiality, masturbation, or lascivious exhibition of the genitals, anus or pubic area;
- Burning, biting, or cutting a child;
- Striking a child with a closed fist;
- Inflicting injury to a child by shaking, kicking, or throwing the child;
- Non accidental injury to a child under the age of 18 months;
- Interfering with a child's breathing; and
- Threatening a child with a dangerous weapon or using such a weapon on a child;

Child neglect has occurred when a child's parent, guardian or custodian abandons the child, or fails to make reasonable efforts to prevent the child's abuse. Child neglect also occurs when:

- A child is without proper parental care or control, sustenance, education, or other care or control necessary for the child's physical, mental, or emotional health, and the deprivation is not due to parent or guardian or custodian's lack of financial means.
- A child's parent, guardian, or custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity.
- A child's parent, guardian, or custodian refuses or is unable to assume responsibility for the child's care, control, or subsistence and the person or institution that is providing for the child states an intention to discontinue such care.
- A child is in imminent danger of being abused and another child living in the same household or under the care of the same parent, guardian, or custodian has been abused.
- A child receives negligent treatment or maltreatment from his or her parent, guardian, or custodian.
- A child has resided in the District for at least 10 calendar days following his/her birth, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian, or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship, or custodial relationship or contact with the child;
- A child is born addicted to or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth;
- There is a controlled substance in a child's body as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian.
- A child is regularly exposed to illegal drug-related activity in the home.

Reporting abuse or neglect

District law requires certain persons to report to CFSA their belief that a child may be abused or neglected. The rules governing the licensing of foster parents require foster parents to make such reports. A report must be made as follows:

- The report must be made to the CFSA Hotline at (202) 671- SAFE (7233).
- The report must include the child's name, date of birth and address, as well as all the factors that have led to child's abuse or neglect. The report must also include that the child is in foster care, and the foster parents name, address and telephone number.
- If the foster parent is licensed through a child placing agency other than CFSA, the foster parent must also report the suspected abuse or neglect to that child placing agency.
- A child placing agency employee who receives information or makes a personal observation of suspected abuse or neglect in a foster home, or who has any other information indicating a suspected risk to a foster child's health or safety from a foster parent or in a foster home, must also report.

Investigation of Reports of Abuse, Neglect, or Other Risks to a Foster Child's Health or Safety

District law, including the foster home licensing rules, requires CFSA to investigate reports of suspected abuse or neglect, including suspected abuse or neglect in a foster home and any other information indicating a suspected risk to a foster child's health or safety from the foster parent or in the foster home.

The investigation will include interviewing the child, interviewing all other children in the care of the person who is responsible for the alleged abuse or neglect, or mistreatment, and interviewing the adults who were involved in the child's care. It will also include interviewing the foster parent and all other persons who either reside in the home, or who are a regular presence in the home.

In the course of the investigation, CFSA will take whatever steps are necessary to protect the children involved in the investigation. If the investigation discloses that a child has been abused, or is neglected or is at risk of abuse or neglect, or the child's health or safety are at risk, CFSA's actions may include removing the children from the foster home, and suspending or revoking the foster home license. In addition:

- Additional foster children may not be placed in the foster home until the investigation is completed and CFSA determines it will continue to license the home.
- If any foster child remains in the foster home, the CFSA or the child placing agency under which a foster home operates must visit the foster home at least once a week as long as any foster child remains in the home and until a decision is made concerning the continued use of the home.
- CFSA must discuss its findings from the investigation with the foster parent.

Within five (5) business days after completion of the investigation, CFSA must make a written decision concerning the continued use of the foster home. CFSA must send written notice of the outcome of the investigation to all parties related to the case (foster parent (s), attorneys, social worker (s)).

Child and Family Services Agency Office of Licensing and Monitoring staff, as well as the child's social worker, are available to provide additional guidance concerning the protection of foster children from abuse and neglect and other risks to a foster child's health or safety.

I have read and understand the document "Protection of Foster Children from Abuse, Neglect and Other Risks to Health or Safety," and agree to abide by it.

Applicant signature

Date

Applicant signature

Date

Applicant name printed

Applicant name printed

SAFE Reference Form

To:

Date:

REFERENCE CONCERNING:

Applicant #1
Applicant #2

The above named individual(s) have applied to our agency to become foster parents, adoptive parents, etc. In making these determinations, it is very helpful to have information from individuals who know the applicant(s) well.

Your name has been given as a reference. We would appreciate it if you would answer the following questions and return the completed form at your earliest convenience. If you have questions about this request or prefer to speak with me directly, I can be reached at the phone number listed at the end of this form.

1. How long have you known the applicant(s) and in what capacity?

2. Of the following characteristics, which ones best describe the applicant(s)? (Check all that apply)

Applicant #1		Applicant #2	
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active
<input type="checkbox"/> Honest	<input type="checkbox"/> Happy	<input type="checkbox"/> Honest	<input type="checkbox"/> Happy
<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional	<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional
<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous	<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous
<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid	<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid
<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm	<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm
<input type="checkbox"/> Moody	<input type="checkbox"/> Involved	<input type="checkbox"/> Moody	<input type="checkbox"/> Involved
<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible	<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun
<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive	<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

3. What kind of experience has each applicant had with children?

4. The Applicant(s) is/are capable of providing love and security to a child. (Check one for each person)

Applicant #1

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly Disagree

Applicant #2

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly Disagree

5. To your knowledge, is/are the applicant(s) affiliated with any groups or organizations that promote beliefs or values that cause you concern and/or seem incompatible with responsible parenting?

- Yes No If Yes, please explain:

6. Have any of the problem behaviors or conditions listed below been a problem for the applicant(s)?

Applicant #1

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activity
- Depression and/or suicidal tendencies
- Pornography
- Other:

Applicant #2

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activity
- Depression and/or suicidal tendencies
- Pornography
- Other:

7. If you checked any of the problem behaviors listed in question #6, please elaborate on the nature of the problem and how it was dealt with:

8. This is a compatible couple with a strong, loving and stable relationship? (Please check one)

- N/A Strongly agree Agree Somewhat agree Disagree Strongly disagree

9. Which of the following statements best describe the level of support the applicant(s) derive(s) from their friends, family, community and religious institutions? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Many close friends | <input type="checkbox"/> Several close friends | <input type="checkbox"/> Few or no close friends |
| <input type="checkbox"/> Many close family contacts | <input type="checkbox"/> Several close family contacts | <input type="checkbox"/> Few or no family contacts |
| <input type="checkbox"/> Many social contacts | <input type="checkbox"/> Several social contacts | <input type="checkbox"/> Few or no social contacts |
| <input type="checkbox"/> Active in community | <input type="checkbox"/> Some community involvement | <input type="checkbox"/> No community involvement |
| <input type="checkbox"/> Active in religious community | <input type="checkbox"/> Some religious community involvement | <input type="checkbox"/> No religious community involvement |

10. Would you feel comfortable allowing the applicant(s) to care for your child permanently if you were unable to do so?

- Very comfortable Comfortable Uncomfortable Very uncomfortable

11. Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about the applicant(s)?

- Yes No If Yes, please explain:

12. It would be helpful to us to know whether you plan to discuss the contents of your reply with the applicant(s).

- I plan to discuss the contents of my reply. I have discussed the contents of my reply.
 I do not plan to discuss the content of my reply.

13. Please provide a phone number for us to contact you if we have any further questions.

Day phone #

Evening phone #

Cell phone #

Signature _____ Date _____

Thank you for your time in completing this questionnaire.

Name of person completing the home study:

Telephone Number:

Address:

[Check for form updates](#)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



The Responsibilities of the Foster Parent

According to Child and Family Services Agency Policy and DC Chapter 60 Regulations foster parents have numerous day-to-day responsibilities for the children in their care. These duties are to:

- A. Ensure that the child is transported to all planned activities.
- B. Provide the child with a safe, clean, hazard-free environment.
- C. Ensure that the child (ren) is available for regular home and office visits with social workers. Foster parents need to provide social workers with advance notice of appointments where their assistance in transporting child (ren) is needed.
- D. Assist in the development and update of the child's case plan.
- E. Assist the worker to secure all necessary medical care, including dental and vision services on a preventive, routine, emergency, and follow-up basis.
- F. Ensure that the child attends school on a regular basis.
- G. Provide three (3) nutritious meals and healthy snacks each day. Adhering to specialized diets if needed.
- H. Assure that the child has age appropriate, seasonal, and well fitting clothing.
- I. Provide the child with a bed of his/her own.
- J. Encourage the child to maintain a strong sense of birth family identity and assist with visitations between the child and his/her family.
- K. Participate in all significant meetings, including court hearings and administrative reviews.
- L. Report all unusual incidents to the social worker within twenty-four hours.
- M. Communicate, in a timely manner, with the social worker any changes that would impact case plan activities.
- N. Notify the social worker at least seven (7) days in advance of any planned, out-of-town travel over one hundred (100) miles.
- O. If there is a need for emergency travel, immediately advise the social worker, or his/her supervisor, of the travel plans. If both are not available, contact the GAL or a hotline social worker at **202-671-SAFE (7233)**.
- P. Provide a wide array of recreational and/or cultural activities, with others (i.e. family, friends, and groups.)
- Q. Offer the child (ren) opportunities and experiences to enhance their ability to develop independent living skills.
- R. Allow opportunities and experiences for worship.
- S. Respect and maintain the confidentiality of the child (ren) and his/her family during and after placement.
- T. Obtain Child and Family Services Agency approval for the child (ren) to participate in media activities, (i.e., TV, newspaper, radio interviews.)

- U. Cooperate with agency staff and adhere to license regulations.
- V. Maintain current medical records, reports, authorization cards/forms, etc., in a safe and confidential file within the foster home.
- W. Record in the foster parent case file, the administration of all medications to a child
- X. **Notify the social worker or a hotline social worker at (202) 671-7233 immediately if the child (ren) has a serious illness or an injury requiring medical treatment.**
- Y. Dispense medications prescribed by a child (ren) physician, in accordance with the directions provided, and notify the social worker of any new prescriptions or dosage change within two (2) working days.
- Z. Complete 30 hours of in-service training every two years.

I have read and understand the responsibilities of fostering children who are wards of the District of Columbia. I agree to adhere to these duties and responsibilities as outlined.

Signature (Parent 1)

Date

Signature (Parent 2)

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



School Adjustment Report

Date: _____

Parent/Guardian: _____

The above named individual(s) applied to become a kinship/foster/adoptive parent through the Child and Family Services Agency of Washington, D.C. As part of the assessment process, information is obtained on the child who currently resides in their home and is under their daily care and supervision. Therefore, we would appreciate you completing the School Adjustment Report on their child _____
Name

Below is a Release of Information signed by the parent/guardian. If there are any questions, please

contact: _____ at _____.

I/We hereby consent to the release of information, by the school districts within Maryland, Washington, DC or Virginia, about my child to the DC Child and Family Services Agency.

Parent/Guardian

Date

Parent/Guardian

Date

RETURN FORM TO:

Child and Family Services Agency
Foster Care Resources Administration
Family Licensing Division
200 I Street, SE
Washington, DC 20003
Room 3658

The School Adjustment Report is to be completed in narrative by the Teacher or Counselor.

Date: _____

Name of School: _____

Teacher/Counselor: _____

Child: _____ Grade Level: _____

Progress: _____

Behavior: _____

Strengths/Needs: _____

Appearance/Hygiene: _____

Attendance: _____

Contacts with

Parent(s)/Guardian(s): _____

Comments & Significant

Observations: _____

Teacher's or Administrator's Signature

Title