

Renewal Application for DD Child Foster Home Certification



Section I-Identification Information:

Applicant

Last Name _____ First Name _____ MI _____ Date of Birth _____
(mm/dd/yy)

Home Address _____
Street _____ City _____ State _____ Zip code _____ County _____

Mailing Address _____
(if different) Street or PO Box _____ City _____ State _____ Zip code _____

E-Mail Address _____

Home Phone () _____ Work Phone () _____

Social Security Number _____ Gender Male Female

Driver's License Number _____ State _____ Exp. Date _____

Vehicle Insurance Carrier _____ Policy No. _____ Expiration Date _____

Employment Status Employed full-time Employed part-time Retired
 Not currently employed Never been employed

Co-Applicant

Last Name _____ First Name _____ MI _____ Date of Birth _____
(mm/dd/yy)

Home Address _____
Street _____ City _____ State _____ Zip code _____ County _____

Mailing Address _____
(if different) Street or PO Box _____ City _____ State _____ Zip code _____

E-Mail Address _____

Home Phone () _____ Work Phone () _____

Social Security Number _____ Gender Male Female

Driver's License Number _____ State _____ Exp. Date _____

Vehicle Insurance Carrier _____ Policy No. _____ Expiration Date _____

Employment Status Employed full-time Employed part-time Retired
 Not currently Employed Never Been Employed

Section II-Home and Household Information:

Please list all child abuse and neglect allegations made against any adult, 18 years and older, in the household, including volunteers, employees, and unrelated persons

Name	Allegation	Date of Incident	City	State

List all Sub-Caregivers, Volunteers, Employees, and other occupants of the home

First and Last Name	Relationship	Over age 18?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Have there been any significant changes to your household since your last renewal (i.e., pets, pools, hot tubs, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>

Section III-Authorization and Agreement:

Department of Human Services (DHS) is legally responsible for assuring the physical, mental, and emotional well-being of children placed in substitute care. Oregon Administrative Rules (OARs) require that an investigation be made of applicants who desire to operate a foster home. By signing this application, you agree to cooperate in the investigation and to comply with DHS OARs, including its policy on Behavior Support and Discipline Practices governing certification of foster homes. Falsification of information on this application is a criminal offense and will disqualify a prospective applicant. By signing this application, you agree that you have read and understand the rules regulating the certification of foster homes.

Note: This application expires 90 days from the date signed by applicant.

Applicant Signature

Date

Printed Name

Co-Applicant Signature

Date

Printed Name