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DD Child Foster Home Application for Certification

DHS | Oregon Department of Human Services
OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

Note: this application expires 90 days from the date it is signed by the applicants.

Enter "N/A" or "none" in any space or section that is not applicable.

Section I – Identification information

Applicant: _____ Date of birth: _____
Last name First name *MI* *Mo/Day/Year*

Home address: _____
Street City *State* *ZIP code* *County*

Mailing address (if different): _____

E-mail address: _____

Home phone: _____ Work phone: _____

Social Security Number: _____ Gender: ☐ Male ☐ Female

Driver's license number: _____ State: _____ Exp. date: _____

Vehicle insurance carrier: _____ Policy number: _____ Exp. date: _____

Employment status: ☐ Employed full time ☐ Employed part time ☐ Retired
☐ Not currently employed ☐ Never been employed

If employed, list occupation and current employer:

Co-applicant: _____ Date of birth: _____
Last name First name *MI* *Mo/Day/Year*

Home address: _____
Street City *State* *ZIP code* *County*

Mailing address (if different): _____

E-mail address: _____

Home phone: _____ Work phone: _____

Social Security Number: _____ Gender: ☐ Male ☐ Female

Driver's license Number: _____ State: _____ Exp. date: _____

Vehicle insurance carrier: _____ Policy number: _____ Exp. date: _____

Employment status: ☐ Employed full time ☐ Employed part time ☐ Retired
☐ Not currently employed ☐ Never been employed

If employed, list occupation and current employer:

Section II – Previous foster care experience (*To be completed by applicant.)*

Are you presently or have you ever been licensed or certified as a foster or group home for children or adults in this state or any other? ☐ Yes ☐ No *If yes*, please list the names and addresses of agencies:

Have you ever had a license or certificate for a foster or group home for children or adults in this or any other state denied, suspended or revoked, a civil penalty, or had conditions put on your license of certificate? ☐ Yes ☐ No *If yes,* please explain:

Have you ever withdrawn an application for a license or certificate for a foster or group home for children or adults in this or any other state? Do you currently have an application pending with another agency? ☐ Yes ☐ No *If yes,* please explain:

To be completed by co-applicant

Are you presently or have your ever been licensed or certified as a foster or group home for children or adults in this or any other state? ☐ Yes ☐ No *If yes,* please list the names and and addresses of the agencies:

Have you ever had a license or certificate for a foster or group home for children or adults in this or any other state denied, suspended or revoked, a civil penalty or had conditions put on your license or certificate? ☐ Yes ☐ No *If yes,* please explain:

Have you ever withdrawn an application for a license or certificate for a foster or group home for children or adults in this or any other state? Do you currently have an application for another agency? ☐ Yes ☐ No *If yes,* please explain:

Section III – Experience

Describe previous paid, volunteer, or family experiences or training of applicant and co-applicant in working with children or adults with developmental disabilities or mental health needs. *(Attach additional page, if necessary.)*

Section III (cont'd)

Please describe the skills or attributes that you feel will qualify you to be a foster provider for children with special needs. *(Attach additional page if necessary.)*

If the applicant and/or co-applicant are interested in providing foster care for children with significant medical needs, list the work experience and any licenses held by either the applicant and/or co-applicant. *(Attach additional page if necessary)*

Section IV – Home and household information

Home

Type of dwelling: ☐ House ☐ Apartment ☐ Duplex
☐ Mobile home: (Year _____) ☐ Own or purchasing
☐ Renting or leasing, give landlord/company's name, address, phone:

☐ One story ☐ Two story ☐ Basement

Water supply: ☐ Public ☐ Well Sewer system: ☐ Public ☐ Septic

Wheelchair accessible: ☐ Yes ☐ No Stairs to bedroom: ☐ Yes ☐ No

Do you have pets? ☐ Yes ☐ No If yes, what kind? _____

Local school district: _____

Elementary school: _____

Middle school: _____

High school: _____

Household: How many people live in your home including yourself? _____

Please list them below. (Use additional sheets, if necessary.)

Name	DOB	Gender (M or F)	School/occupation	Grade
		Gender		
		Gender		
		Gender		
		Gender		
		Gender		
		Gender		
		Gender		
		Gender		
		Gender		

Sleeping arrangements

*(Bedroom numbers must correspond to those on the floor plan.)**

	Number of adults	Number of children (bio/foster)	Number of beds	Location	Names of individuals
Bedroom 1				Location	
Bedroom 2				Location	
Bedroom 3				Location	
Bedroom 4				Location	

** Location: Main floor = M 2nd floor = 2 Basement = B Attic = A Garage = G*

Below, please list your children who do not live with you, including adult children. Attach additional sheets, if necessary.

Name	DOB	Gender (M/F)	Address
		Gender	
		Gender	
		Gender	
		Gender	
		Gender	
		Gender	
		Gender	
		Gender	

List all substitute caregivers, employees, volunteers and other occupants of the home. Attach additional sheets if necessary.

First and last name	Relationship	Over 18?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Abuse or neglect allegations: Have the applicant, co-applicant, caregivers, employees, volunteers or other occupants of the home been investigated for or accused of child abuse or neglect in this or any other state? ☐ Yes ☐ No Adult abuse or neglect ☐ Yes ☐ No

If yes to either question, please list all abuse or neglect allegation made against them:

Name	Allegations	Date of incident	Outcome	City/state

Number of children desired: _____ Ages: _____

Gender: ☐ Male ☐ Female ☐ No preference

Please check all disabilities, conditions and behaviors you are willing to consider:

☐ Non-ambulatory, needs total care	☐ Wheelchair	☐ Visual impairment
☐ Alcohol/drug use/dependency	☐ Physically disabled	☐ Hearing impairment
☐ Inappropriate sexual behavior	☐ Intellectual/Developmental Disability	☐ Epilepsy (seizures)
☐ Lying	☐ Stealing	☐ Depression/suicidal
☐ Oppositional/defiant	☐ Hyperactivity	☐ Running away
☐ Aggressive behavior	☐ Alcohol/drug effects	☐ Property destruction
☐ **Significant medical needs***	***OAR 411-346-0150 (22)**	

Please check all services which you are willing to provide to children in your home:

☐ Bathing	☐ Special diets	☐ Dressing
☐ Behavior intervention	☐ Help with walking	☐ Lifting/help with physical transfer
☐ Incontinence care	☐ Injections: under R.N. delegation	
☐ Medical	☐ Other _____	

Section V – Authorization and agreement

As an applicant /foster provider, I shall participate in certification and renewal studies and in the ongoing monitoring of my home and shall give information required to verify compliance with all the rules, including change of address and number of persons in the household.

DHS is legally responsible for assuring the physical, mental and emotional well being of DD-children placed in foster care. Oregon Administrative Rules (OAR) requires that an investigation be made of applicants who wish to become a foster provider. By signing this application, you agree to cooperate in the investigation and to comply with DHS rules, including its policy on behavior supports and discipline practices, transportation and fire safety governing certification of child foster homes.

Falsification or omission of information on this application will disqualify a prospective applicant. By signing this application, you agree that you have read and understand the rules (OAR 411-346-0100 through 0230) regulating the certification of child foster homes.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

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