

# Foster Care - Renewal Application

Foster Family Address: \_\_\_\_\_

Foster Provider Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

<b>Name:</b>		<b>Name:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	
<b>Occupation:</b>		<b>Occupation:</b>	
<b>Employer:</b>		<b>Employer:</b>	
<b>Cell Phone:</b>		<b>Cell Phone:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Home Phone:</b>		<b>Home Phone:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	

**Preferred method of contact:** \_\_\_\_\_ While we will try to utilize the requested method of contact to the best of our ability, please be advised that the Office of Licensing and Background Checks (DLBC) conducts much of its business electronically via email. Please check your email inbox frequently to ensure that you receive all communications from our office

## Others living in the household (include tenants)

Name	Date of Birth	Age	Relationship

## Foster Children Currently Placed In Home

Name	Age	Caseworker

## List Respite Providers Who Have Cleared a Background Check

Name



# Renewal – Income Statement Form

Combined annual gross income: \_\_\_\_\_

Income	Amount	Expenses	Amount	Other considerations	Amount
Total Monthly Income after taxes:		Total Monthly Expenses:		Additional Considerations:	

Please explain any changes in your household income or expenses, including bankruptcies or foreclosures, in the past 12 months.

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Please provide supporting documentation in the form of either the page of your most recent tax report showing gross annual earnings or 2 recent consecutive pay stubs from each wage earner in the home or current W-2 form showing earnings.

Note: Licensor may request a more detailed income and expense chart, if needed.

## Medical Affidavit

Primary Provider:

Has your health changed over the past year? Yes No

If so, please list all new diagnoses and medications:

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Spouse:

Has your health changed over the past year? Yes No

If so, please list all new diagnoses and medications:

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*\*use additional pages if necessary*



# Renewal – Application Signature Page

All documents listed below may be accessed at the Office of Licensing website: [www.hslic.utah.gov](http://www.hslic.utah.gov) or hard copies may be requested by contacting the Office of Licensing directly.

I/We have read the following Department of Human Services Office of Licensing documents:

Office of Licensing Code of Conduct <https://drive.google.com/open?id=18N-AFJ1DOfoSZg5O20NSUriyHKMzLLE4>

Foster Care Rules 

_____ Primary Provider - Initials	_____ Spouse – Initials
<a href="https://drive.google.com/file/d/1uFciCW8Md3VbvLsiKpJNbmj_S1iCih6s/view">https://drive.google.com/file/d/1uFciCW8Md3VbvLsiKpJNbmj_S1iCih6s/view</a>	

\_\_\_\_\_  
Primary Provider - Initials      Spouse - Initials

I/we understand the need to maintain my/our foster children's confidentiality in all interactions with anyone outside of the child welfare system. I/We understand the Code of Conduct and Licensing Rules and agree to comply with them. I/We verify that all information in this application and questionnaire is thorough, accurate, and true to the best of my knowledge. I have had an opportunity to ask questions and seek clarification and my questions have been answered to my satisfaction and understanding.

\_\_\_\_\_  
Signature of Foster Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Foster Provider

\_\_\_\_\_  
Signature of Foster Care Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Foster Care Spouse

Please send or email this completed application to the Office of Licensing. Be sure to:

- Background screening:** Include DACS Information Worksheet for all adults residing in the home over age 18
  - Obtain additional worksheets from our website link (if needed): <https://hslic.utah.gov/background-screening/applications-forms>
  - New fingerprints are not necessary for renewal applicants
  - Please attach a copy of each person's driver license and social security card for verification and to enroll you in our online background system. These will be destroyed after verification
- Include Income Statement Form and supporting documentation** (tax forms or recent consecutive pay stubs) to verify income status
  - ❖ **Coordinate with your licensor on how to best provide the following items if not included with this application:**
    - Proof of insurance for all vehicles that will transport children
    - Proof of valid driver's license for anyone in the home that transports foster children
    - Current CPR/first aid certification for primary applicant and spouse
    - Verification/or proof of immunization records for all residents of applicant's home (if available)

The next steps in this process are as follows:

- ❖ Your background screening will be updated, and you will be notified of any issues
- ❖ Your foster care application will be reviewed and assigned to a licensor
- ❖ Prepare for your home visit according to the attached Provider Home Visit Preparation Checklist
- ❖ Your licensor will contact you regarding the required home study interview and home safety checklist
- ❖ Please contact your licensor to schedule your annual safety inspection and home study update meeting upon submission of this application

**Thank you for your interest in providing foster care services.**



# Foster Care – Provider Home Visit Preparation Checklist

Use this checklist to help you prepare your home for the safety inspection with your licensor.

*Directions: Keep one copy for your records and submit a completed copy to the Intake Licensing Specialist when all items are in compliance. The Intake Licensing Specialist can answer any questions you may have, but your assigned foster care licensor will give final approval after a physical inspection of your home.*

1. Working smoke detector on each level (licensor will test)
2. Working carbon monoxide detector on each level (licensor will test)
3. Fully charged fire extinguisher readily accessible in main living area rated 2A:10BC or higher (licensor will check the charge)
4. Locking capability on bathrooms
5. Hazardous materials are LOCKED (pesticides, bleach, bleach-based cleaners, ammonia and ammonia-based cleaners, chemical drain openers, cleaning aerosols, concentrated detergent capsules, glues, oven cleaners, matches, lighters, lighter fluids, hair relaxers/permanents, spray paint, paint thinner, automotive fluids, compressed air)  
\*\*Locking mechanisms are INSTALLED. Check all that apply.
  - Key lock - including doorknob with key (privacy doorknobs are not acceptable)
  - Combination lock
  - Magnetic/tot lock
6. Medications are LOCKED (prescription medications, over-the-counter, vitamins, supplements)  
\*\*Locking mechanisms are INSTALLED. Check all that apply.
  - Key lock - including doorknob with key (privacy doorknobs are not acceptable)
  - Combination lock
  - Magnetic/tot lock
7. Flammable items are LOCKED (gasoline and kerosene) in ventilated storage containers  
\*\*Locking mechanisms are INSTALLED. Check all that apply.
  - Key lock - including doorknob with key (privacy doorknobs are not acceptable)
  - Combination lock
  - Magnetic/tot lock
8. Other common household items are stored responsibly in consideration of ages etc.
9. Alcohol is inaccessible to foster children
10. Two exits on each level of the home that are large enough for emergency personnel to enter from outside
11. Multi-level homes have: an automatic fire suppression system OR safety escape ladders OR exterior stairway OR other exterior egress to ground level from all upper levels.
12. 911 recognizable phone on site with foster children at all times (a cellphone is acceptable)

- 13. Emergency contact numbers and address of the home are posted next to the phone or in a central location
- 14. Fully supplied first aid kit in home (medications removed if it is not locked)
- 15. First aid kit in vehicles that transport children
- 16. Emergency contact information in vehicles that transport children (ensure that once placements are made, specific caseworker information be added for each child)
- 17. Adequate number of seatbelts in vehicles for family and foster children
- 18. Firearms stored with ammo ONLY in a gun safe or commercially manufactured container for firearm storage
- 19. Firearms and ammo are locked separately with separate key/combo/locking devices if not stored in commercially designed firearm storage container
- 20. Firearms in display cases are rendered inoperable and ammo locked elsewhere
- 21. Home is free from health/fire hazards
- 22. Hazardous areas are mitigated through the use of fences, banisters, railings, grates, natural barriers, protective hardware or other licenser approved methods:
  - a. Fall hazards 3 feet or more (steep grades, cliffs, open pits, window wells, stairwells, elevated porches, retaining walls, etc) are mitigated
  - b. Drowning hazards (pools, hot tubs, water features, ponds, streams, canals, etc) are mitigated
  - c. Burn hazards (fireplaces, candles, radiators, etc) are mitigated
  - d. Unstable heavy items (televisions, bookshelves, etc) are mitigated
  - e. Dangerous traffic conditions are mitigated
  - f. Other hazards addressed/mitigated
- 23. Safety devices as appropriate for ages (outlet covers, safety gates, etc.)
- 24. Bedrooms measure 40 square feet per child with no more than 4 children in any room
- 25. Beds are adequate to the size of the child(ren) you'll be taking
- 26. Screens in foster bedroom windows
- 27. Closet/Dresser for foster child's belongings
- 28. Number of bedrooms in home: \_\_\_\_ Number of bedrooms available for foster placements: \_\_\_\_
- Your licenser will be the one to inspect and approve all methods of meeting these requirements. If you have a situation that you are unsure of, please contact your licenser in advance to discuss it. Your licenser can offer you the technical assistance necessary to creatively problem-solve and assist you in coming into compliance with these requirements.
- If full compliance cannot be verified on the first visit, a follow-up visit may be necessary. Your license will be issued following licenser's ability to verify full compliance on all rules and checklist items. Be sure to familiarize yourself with R-501-12, as this is not a complete list of all requirements that you will be held to.

UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Licensing and Background Checks

195 North 1950 West, Salt Lake City, Utah 84116

DACS Information Worksheet - FOSTER PROVIDERS



Utah Department of  
**Health & Human**  
Services

DHHS/DLBC  
Aug 2023  
For Foster care use only

- Utah Foster Care Initial (submit to Foster/Adoptive Consultant)
- Utah Foster Care Renewal (submit to Licensor) Print licensor name: \_\_\_\_\_
- Other agency \_\_\_\_\_ (return to agency)

**1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE**  
This section must be completed by the Applicant. Missing information or unreadable applications will be returned.

Legal First Name:	Given Middle Name Indicate if middle name is an initial only. <b>Use N/A if no middle name.</b>	Current Legal Last Name:
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List ALL Maiden, Alias & Previous Married Names:	Phone # Cell or Home (circle one):
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Date of Birth ____ / ____ / ____ MM DD YYYY	Social Security Number: _____ <small>(Please enter your full Social Security Number)</small>	Email address:
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Mailing Address:	City:	State:	Zip Code:
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**2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.**

<input type="checkbox"/> Yes	If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.
<input type="checkbox"/> No	

**3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?**

<input type="checkbox"/> Yes	If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.
<input type="checkbox"/> No	

**4. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive months in a U.S. state besides Utah?**

<input type="checkbox"/> Yes	If yes, list each state separately. Additional documentation may be required. Do not list states in which you spent time for religious, educational, or military service as long as the primary state of residence is maintained.
<input type="checkbox"/> No	

STATE	COUNTY	FROM month/year	TO month/year

**5. Please list all children (except for foster children) between the ages of 12 and 18 currently residing in the home. Attach additional sheet if necessary. Additional documentation may be required.**

First Name	Last Name	Social Security Number	Date of Birth	Gender	Race	Adopted from DCFS foster care?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note the adoption date of all children listed above who were adopted from DCFS foster care:

**6.** I authorize the Department of Health and Human Services Division of Licensing and Background Checks to investigate my past and present child abuse, neglect, and exploitation records, law enforcement, driver license, and any other information which may be pertinent to my application according to Utah Code 26B-2-120, 121, 122, and Administrative Rule R501-14. I authorize the DHHS Division of Licensing and Background Checks to continually monitor state, regional, and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, and exploitation activity for as long as I am associated with a DHHS licensed program. I authorize the release of all information and I release and hold harmless the Department of Health and Human Services from any damages resulting from DHHS furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. Additionally, I authorize the children between the ages 12 and 17 listed above to have a youth background screening conducted for foster homes, adoptions and DSPD homes. I have read and understand the FBI RapBack Consent and Privacy Statement located on the Division of Licensing and Background Checks website. Until the completion of the background check I understand I may be denied unsupervised access to children, vulnerable adults, or to the privileges in which the background check pertains to. \*\*I will provide a list of all criminal convictions which contains a descriptions of the crimes and the particulars of the convictions.

Please submit a copy of your ID and social security card for verification of identity and complete the fields below.

<b>Circle Valid Identification Type</b>  (Driving Privilege Cards are not acceptable forms of I.D.)  Drivers License   State ID   Passport   Military	<b>State/Country issued</b>	<b>ID number</b>	<b>Expiration date (mm/dd/yyyy)</b>	<b>Gender</b>	<b>Are you the foster provider?</b>  Yes _____ No _____ (If NO, note foster provider name: )
	<b>Eye Color</b>	<b>Hair Color</b>	<b>Height</b>	<b>Weight</b>	
				Asian/Pacific Islander Black      Native American White      Hispanic	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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List ALL Maiden, Alias & Previous Married Names:	Phone # Cell or Home (circle one):
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Date of Birth ____ / ____ / ____ MM DD YYYY	Social Security Number: _____ <small>(Please enter your full Social Security Number)</small>	Email address:
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Mailing Address:	City:	State:	Zip Code:
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**2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.**

<input type="checkbox"/> Yes	If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.
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STATE	COUNTY	FROM month/year	TO month/year

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						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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					Yes _____ No _____ <small>(If NO, note foster provider name:)</small>
	<b>Eye Color</b>	<b>Hair Color</b>	<b>Height</b>	<b>Weight</b>	<b>Race (please circle)</b>
					<b>Place of Birth</b>
					Asian/Pacific Islander Black   Native American White   Hispanic

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division of Licensing and Background Checks  
DACS Information Worksheet Information and  
Instructions - Foster Care Providers

**What is the purpose of this form?**

This form is to be used by:

- Foster providers
- Other adults residing in foster homes
- Non-foster youth residing in foster homes, DSPD certified homes, and homes of applicants for a one-time adoption

This is not a background screening application - it is only to gather information to be entered in DACS by the Division of Licensing and Background Checks or an agency.

**How do I complete this form?**

- Choose which box in the top left applies to you:
  - If you are a new applicant with Utah Foster Care, mark the first box
  - If you are already licensed as a DCFS Foster Parent, or are residing in an Office of Licensing licensed foster home, mark the second box and include the licensor name
  - If you are working with an agency other than Utah Foster Care or DCFS, mark the third box and include the name of the agency
- Legibly complete sections 1-5, filling in every box. Complete social security numbers are needed for all children ages 12 and over to track their screenings in DACS
- Completely fill out the demographic section at the bottom of the form AND attach a copy of your ID and social security card.
- Read section 6 and sign/date the bottom of the form.

**What do I do with the form after I fill it out?**

- If you are a new applicant with Utah Foster Care, give the form to your Foster/Adoptive Consultant
- If you are an already-licensed foster parent with DCFS/Utah Foster Care, give the form to your licensor.
- If you are an adult in a licensed DCFS/Utah Foster Care foster home, or a child in the home who has turned 18, give the form to the licensor who licenses the home.
- If you are working with another agency or program, give the form back to the agency/program. DO NOT send the form to the Office of Licensing.

**What do I do next?**

You will receive a "Livescan Authorization Form" from your consultant/licensor/agency and instructions on where to go to get Livescan (fingerprints) done. Make an appointment at your chosen location, and let your licensor/agency know when your prints have been taken. The Division of Licensing and Background Checks will process your background screening. They will notify you if any additional information is needed, and your licensor/agency will notify you of the results.