

Foster/Proctor Care Renewal Application

Agency Name:

Foster/Proctor Family Address:

Foster/Proctor Provider Name:

Spouse Name:

Name:		Name:	
Date of Birth:		Date of Birth:	
Occupation:		Occupation:	
Employer:		Employer:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Home Phone:		Home Phone:	
Email Address:		Email Address:	

Note: Foster/proctor parent includes the spouse of the foster/proctor parent, and they must meet the same requirements of R501-12

Others living in the household (include tenants)

List all individuals residing in the home for 30 cumulative days or more. Anyone residing in the home for 30 days total in any 12 month period is required to have a background clearance. Only individuals cleared through this application process may be listed on the certificate as certified at the above address to provide foster care.

Name	Date of Birth	Age	Relationship

Foster Children Currently Placed in Home

Name	Age	Caseworker and Custodial Agency

Note: Only individuals cleared through this application process may be listed on the certificate as certified at the above address to provide foster care. Any addition of residents nullifies the certification until the new residents have a cleared background screening in the Office of Licensing online system.



Foster/Proctor Care 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.

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

Note: Agency 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:

Spouse:

Has your health changed over the past year?☐Yes ☐No
If so, please list all new diagnoses and medications:

*use additional pages if necessary

Have any of the following major changes happened in your household in the previous 12 months?

- If yes for any of the above, please complete the following information:*

<i>Major Change/Event:</i>	<i>Date(s) of Change:</i>	<i>Date Reported to Agency:</i>

Please explain the change below:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Foster/Proctor Care Renewal Application Signature Page

All documents listed below may be accessed at the Office of Licensing website: <https://dlbc.utah.gov/home/office-of-licensing/human-services/forms-and-documents/> or hard copies may be requested by contacting your Agency directly.

I/We have read the following Department of Health & Human Services Office of Licensing Documents:

Office of Licensing Code of Conduct <https://adminrules.utah.gov/public/rule/R380-80/Current%20Rules>

Foster Care Rules	Primary Provider - Initials https://adminrules.utah.gov/public/rule/R501-12/Current%20Rules	Spouse - Initials
	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 I 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/Proctor Provider

Date

Printed name of Foster/Proctor Provider

Signature of Foster/Proctor Care Spouse

Date

Printed name of Foster/Proctor Care Spouse

Please send or email this completed application to your Agency at least 30 days prior to the expiration of your certificate. Be sure to:

- ☐ **Background screening:**
 - Provide required information to your Agency for all individuals over the age of 18 residing in the home, in order to be entered into DACS by your Agency
 - Provide necessary information to your Agency for all minors between the ages of 12-17 residing in the home, in order to be entered into DACS by your Agency for a name-based background clearance
- ☐ **Include Income Statement Form and supporting documentation** (tax forms or recent consecutive pay stubs) to verify income status
- ❖ **Coordinate with your Agency 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 by your Agency
- ❖ Prepare for your home visit according to the attached Provider Home Visit Preparation Checklist
- ❖ Your Agency will contact you regarding the required home study interview and home safety checklist

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 the Agency.

Directions: Keep one copy for your records and submit a completed copy to your Agency.

- ☐ 1. Working smoke detector on each level (Agency will test)
- ☐ 2. Working carbon monoxide detector on each level (Agency will test)
- ☐ 3. Fully charged fire extinguisher readily accessible in main living area rated 2A:10BC or higher (Agency will check the charge)
- ☐ 4. Locking capability on bathrooms
- ☐ 5. Hazardous materials are LOCKED (pesticides, bleach, cleach-based cleaners, ammonia 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. Bur 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 Agency 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 Agency in advance to discuss it. Your Agency can offer you the technical assistance necessary to creatively problem-solve and assist you in coming into compliance with these requirements, with Office of Licensing approval.
- If full compliance cannot be verified on the first visit, a follow-up visit may be necessary. Your certificate will be issued following Agency's ability to verify full compliance on all rules and checklist items. Be sure to familiarize yourself with R501-12, as this is not a complete list of all requirements that you will be held to.

