



KIDS CENTRAL, INC.
A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN
Building Better Lives

Dear Potential Foster & Adoptive Parent (s);

Thank you very much for your recent inquiry regarding our Foster Care & Adoption Programs. Both, undoubtedly makes a difference in a child's life for years to come, and we truly appreciate your interest!

Please complete these attached documents, so we will have information about you and your family when we meet. The front page is a check list of all the documents you will need to return to us **(please complete the check list and include it in your application as well)** and the forms need to be filled out for all adults who reside in your home on a full or part time basis. If you need to make copies of any documents for additional members of your household, please feel free to do so. **(Specifically, the fingerprint form for each member 18 and older for you and spouse)**

Return the completed forms and copies needed to FosterScreening@KidsCentralInc.org.

You may also choose to mail them or drop them off at **901 Industrial Drive, Suite 200, Wildwood, FL 34785. Please make sure that Foster Parent Screening is on any correspondence** (email, envelope, etc.) After the forms are prescreened, and they indicate you qualify to foster, you will be provided with further information about attending an orientation. We encourage you to visit the Foster Care Corner and Adoption portion of our website, www.kidscentralinc.org, to learn more about our programs.

While you might feel a little overwhelmed after reviewing all the requirements to become a foster & adoptive parent, please rest assured that the benefits of providing a safe, stable home to a child in need of a family, will far outweigh the effort it takes to become licensed or ready to adopt. If you are uncertain about making a commitment to care for a child on a long term basis, we have other opportunities such as volunteering at our corporate office, professional guidance, mentoring, or foster parents who are willing to provide respite services (giving another foster parent a break) or offer to care for children on an emergency/short term basis. Whatever your skills, gifts, and talents, there is a way for you to positively impact a child/family in our communities.

As you take steps to learn more about what is involved in assuming the important role of a Foster or Adoptive Parent, Kids Central looks forward to the opportunity to work closely with you and your family through the process. We are excited you are considering embarking on this journey!

Sincerely,

Foster / Adoptive Parent Screener
Kids Central, Inc.
901 Industrial Drive, Suite 200
Wildwood, FL 34785
FosterScreening@KidsCentralInc.org

352-873-6332 Office Number





KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

Becoming a Licensed Foster Parent

Kids Central Inc. is the lead agency in Circuit 5, which includes Citrus, Hernando, Lake, Marion and Sumter Counties. We develop and manage the delivery of a comprehensive, community-based system of care for abused, neglected and abandoned children and their families. This includes contracting with service providers in each county for case management, adoption and other services needed to round out the full spectrum of care needed by the children and families in each county.

WHAT IS FOSTER CARE?

A licensed foster parent provides **temporary** care to children whose families are unable to care for them. **Foster parenting is a position of public trust and a privilege, not a right or entitlement.** Foster parents provide temporary care to children between the ages of 0-17 until they can return to their family, a non-relative, an adoptive home is found, or the child achieves independence. Children are either in shelter care status or foster care status, depending on their individual situation. In shelter care status, children could be placed for a few days or as long as 6 months. Children in foster care status can remain for up to one to two years or longer. Families are licensed through Kids Central, Inc., by the Department of Children and Families to provide homes for children in either shelter or foster care status. It typically takes approximately 1-2 months to become a licensed foster parent after completion of the Foster Parent Pre-service Training.

WHAT ARE THE REQUIREMENTS TO BECOME A FOSTER PARENT?

- Foster Parents in Florida must be at least 21 years of age.
- Background screening is conducted on all adults in your home. This includes FBI (National), FDLE (State), local law enforcement checks, child abuse registry checks, civil checks through the Clerk of Court in the county of residence and checks through the Department of Motor Vehicles. If you have lived in the state of Florida for less than 5 years, abuse history checks (Adam Walsh checks) will also be completed in your previous state of residence. Please report to Kids Central any previous involvement with law enforcement at the time of orientation. We understand that life happens and that errors in judgment occur. We won't judge you, but we need to be aware of your history and its better if we hear it from you.
- All children in the home must have a child abuse registry check and all children 12 years of age and older must also have a Department of Juvenile Justice Check.
- All children who are 12 and older visiting on a regular basis must have abuse history registry and DJJ checks completed.
- Income – you must have legal, stable and documented income that is sufficient to support themselves and their family without the assistance of the board rate. As a guideline, discretionary income in the amount of at least four to six weeks of the board rate (board rate details below) should be available. You may not be able to continue the process if you are receiving unemployment (temporary income) or food stamps.
- You must take the 27 hours Pre-service training. In the case of an unmarried couple who resides together as a family unit, both individuals must complete Pre-service training, the background screening process and be fully assessed through the home study process.
- All applicants, married and single, must identify a "back-up". This is someone who can assist with the care of the foster children in your home in order to give you a break or in the event of an emergency.

- All back-ups must be cleared through the background screening process.
- It is highly recommended, that a back-up who will be providing primary care (i.e. watching children in lieu of daycare) for foster children, must also complete the required 27 hours of pre-service training.
 - A water safety class is required prior to licensure if your home has a pool (above ground or in-ground) or Jacuzzi if you live near a body of water or in an apartment complex that has either.
 - At least 2 home visits will be conducted with all family members present and all family members will be interviewed.
 - The following references will be completed: 2 personal references who have known you for at least 2 years (cannot be relatives), all adult children, 2 neighbor or 2 community references can be included, school and daycare references for all minor children living in your home. Other references will be completed as needed.
 - Copies of your driver's license, auto insurance (including bodily injury), social security cards, child support verification, citizenship papers/visa if **not** born in the United States and documentation of current.
 - Satisfactory Health Inspection completed by the Licensing Specialist.
 - Evacuation plan is needed denoting the location of smoke detectors, fire extinguishers (size 2A10BC), all exits and a centralized meeting place outside the home.
 - Transportation – you must be able to assist with the transportation needs of the children (visits with biological parents, medical appointments, counseling, etc.). Cars must be operable with working seat belts and have proper child restraint seats for the age range of the children to be placed in the home.
 - Communication- you must have immediate access to a telephone, computer and printer.
 - If you have a licensed in-home daycare, your daycare license must be amended so that the number of daycare children, the number of children that reside in your home, and your capacity does not exceed 6.
 - Applicants will be required to fully disclose health history for themselves and each member of the household, to include current physical, mental, or emotional health status, any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition
 - Review of and signature on various forms to confirm an understanding of and agreement with policies specific to Kids Central, Inc. and the Department of Children and Families.

WHAT DO I NEED TO DO TO PREPARE MY HOME FOR FOSTER CHILDREN?

- Must have a first aid kit available.
- Home and yard must be free from clutter.
- All walkways and exits inside the home must be clear.
- Home must be free of exposed wires.
- All medication, poisonous and hazardous materials/chemicals and cleaning supplies must be secured (locked) in a closet, container, or cabinet, which is inaccessible to children (locked area must not be laundry room or bathroom).
- Combustible items must be stored away from any heat source, and they are required to be stored in a locked location.
- Water quality will be tested for all homes with wells.
- All doors with locks must open from the inside.
- All swimming pools must have a barrier on all 4 sides that is at least 4 feet in height. This barrier can be a fence, screen enclosure, exterior walls of the home, child safety fence or the side of an above ground pool.

- All access points to the pool must be locked when the pool is not in use.
- Hot tubs must be secured with locked cover.
- Alcoholic beverages must be inaccessible to children. It is recommended to families who prefer older children that alcohol be stored in a locked location.
- Weapons, such as guns or a bow and arrows, must be locked and inaccessible to children.
- A fire extinguisher (size 2A10BC) must be kept in or adjacent to the kitchen. If the home has a 2nd story, another fire extinguisher must be kept on the 2nd floor. All fire extinguishers must be inspected and tagged annually.
- If the home has a 2nd story, another means of escape, such as a safety ladder, is needed.
- Smoke detectors must be present in all sleeping areas (this does not mean in each bedroom).
- Fire drills must be conducted at least every 6 months and every time a new child is placed in the home.
- Heating sources, fireplaces and any other hot surface will need a protective barrier in place to prevent accidental contact.
- Burglar bars on windows must be easily collapsible.
- There must be a window or door in each bedroom, in addition to the exit/entry door.

WHAT ARE APPROPRIATE SLEEPING ARRANGEMENTS FOR FOSTER CHILDREN?

As a general rule, there should be no more than a **total of 8 children under age 17 in your home**. There can be no more than **6 Dependent (Foster)** youth in your home. There can be no more **than 2 children under 24 months (total)** in your home. This number includes biological children, adopted children, grandchildren if you are the primary caretaker for them, along with relative and non-relative placements and foster children. Exceptions by waiver can be made to increase your capacity temporarily. Infants under 12 months of age may share a bedroom with an adult. Children over 12 months may not sleep in a room with anyone 18 years of age or older. Children over 3 years of age (36 months) may not share a room with a child of the opposite sex (accept their siblings). Every child in the home must have a bed of their own. Children may not sleep on a couch, futon, trundle, rollaway bed or in a pack-n-play on a long-term basis. Children may not sleep in a crib with drop sides. **Cribs can not be placed near a window.**

Each child must have adequate storage space to accommodate their belongings. All personal items acquired by the child while living in the foster home must be sent with the child when he/she leaves.

The licensing specialist will review your bedrooms when she/he visits your home and will work with you to determine the appropriate capacity for your family. Each room must have adequate space for the children to walk around in.

WHAT FINANCIAL ASSISTANCE IS AVAILABLE FOR FOSTER PARENTS?

Board Payment: Foster parents receive reimbursement for standard expenses related to the care of children. Expenses considered in calculating reimbursement include food, clothing, transportation, extra-curricular activities, utilities, telephone, linens, recreation, child's allowance and personal incidentals. The board rate is as follows:

Monthly rate

Ages 0-5 years	\$586.90
Ages 6-12	\$601.94
13 to 17 years	\$775.02

Clothing allowance: When a child **initially** comes into care, a foster parent can spend up to \$100 on a child and submit the receipts to Kids Central for reimbursement. This is only applicable for a child's FIRST placement in foster care.

An annual clothing allowance is issued during the summer with the expectation that this will help to offset the cost of preparing children for back to school.

WHAT HAPPENS AFTER I'M LICENSED?

- You will be assigned a Licensing Specialist who will be your "Re-Licensing Specialist".
- Each parent must complete 8 hours of training per year. Kids Central offers training on a variety of topics throughout the year.
- If daycare is used for a foster child, the facility must be licensed by the Department of Children and Families.
- Completion of HIPAA & Security Awareness, if not done before.
- Select a pediatrician to use for foster children.

DISCIPLINE

Spanking or any other type of corporal/physical discipline is not allowed with foster children under any circumstances. Training in the use of alternative, appropriate methods of discipline will be provided by Kids Central Inc.

ONGOING TRAININGS

- ⊕ 40 hours of additional training if you are interested in becoming a medical foster parent. Can only be completed after traditional license is received.
- ⊕ 30 hours of additional training if you are interested in becoming a therapeutic foster parent. Can only be completed after traditional license is received.
- ⊕ Social & Physical Aggression
- ⊕ Psychotropic medication training - Required before licensure and yearly thereafter.
- ⊕ Human Trafficking 101-Required before licensure and yearly thereafter.
- ⊕ Water Safety Training – Required within first year of licensure if not taken prior to licensure and updated at least every 3 years (if no pool or body of water) (yearly thereafter if there is a pool, hot tub, or body of water).
- ⊕ 8 Hours of training needed yearly for traditional level 2 re-licensure.
- ⊕ First Aid Training – optional, but highly encouraged.
- ⊕ Car Seat Training- optional
- ⊕ CPR Training- optional, but highly encouraged.

Training hours can also be obtained through providers in the community.

KIDS CENTRAL, INC. IN PARTNERSHIP WITH FOSTER PARENTS IN CIRCUIT 5

As a foster parent, your ability to work in partnership with all of the professionals involved in a child's life, such as the biological family, Family Care Managers, Guardian Ad Litem, therapists, school staff and your licensing specialists, will largely determine the degree of your success. We strongly encourage new foster parents to become actively involved in the Foster Parent Association in their county. This source of support, as you learn to navigate the child welfare system, is invaluable. We need foster parents who can be strong advocates for the children they are charged with caring for, but this must be done in a professional, solution-focused manner while always keeping the child's best interests as the top priority.

No person shall be discriminated against on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, or any other characteristic protected by federal, state or local law.



Orientation Preparedness Checklist
Foster / Adopt / Foster to Adopt:
County:

Name Parent 1: _____ Parent 2: _____

Email 1: _____ Email 2: _____

Telephone 1: _____ Telephone 2: _____

Please include copies of the following documents and this completed checklist:

Document	Check
Copy of Drivers License for each applicant	
Copy of Social Security Card for each applicant	
Bank Statements – Only if this is showing their proof of income via deposits.	
Proof of Income - (2) month of paystubs for each applicant	
Social Security Award Letter or Child Support Order / Deposit if applicable	
1099 - (2) years if self-employed and Business License	

Please read over and sign all documents listed below:

Document	Check
Orientation Screening Tool - (1) for the entire household	
Release of Information Form - (1) for each over the age of 18	
Central Abuse Hotline Record Search – List all family members living in home. Five years total residency with dates.	
Fingerprint Authorization Form - (1) for each person over the age of 18 (Complete, sign, and return only – DO NOT GET FINGERPRINTED AT THIS TIME)	
Pledge of Honesty – (1) for each person over the age of 18	
Health Screening Worksheet – (1) for each person over the age of 18	
Family Financial Statement - (1) for the entire household	

PLEASE DO NOT STAPLE ANY PAGES



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Orientation Screening Tool

County of Residence: _____

Primary Applicant : _____ Date of Birth: _____

Previous Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Drivers License No. _____ State: _____

Date of Current Marriage: _____ Previously Married: Yes No

Number of Previous Marriages: _____

If divorced and not currently married, date of divorce: _____

Employer: _____ Schedule: _____

of years employed: _____ If less than 2 years, previous employer: _____

Co-Applicant : _____ Date of Birth: _____

Previous Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Drivers License No. _____ State: _____

Date of Current Marriage: _____ Previously Married: Yes No

Number of Previous Marriages: _____

If divorced and not currently married, date of divorce: _____

Employer: _____ Schedule: _____

of years employed: _____ If less than 2 years, previous employer: _____

Preferred Method of Contact: Phone Email Postal Mail

****Does an adult member of your household read, write and speak English fluently? Yes or No**

*****Name of person or persons** _____

*****65C-45.010**2. The person living in the home will have responsibility for caring for the children in the home and addressing their needs.

(d) At least one (1) licensed out-of-home caregiver in the home shall be able to effectively communicate with any children placed in the home.

List ALL members of your household (Anyone who lives in your home, not including yourself or co-applicant.

Name	Date of Birth	Relationship

Do you or your co-applicant have any children living away from home: Yes No If so, please list:

Name	Date of Birth	Relationship

If any children are living away from home are under the age of 18, why are they living outside your home, and who do they live with? _____

Do you rent or own your home? If you are renting your home, when is your lease up? _____

Do you receive Public Housing or Section 8 Housing? Name and Contact of Landlord is needed for verification. _____

If you are receiving any of the following sources of income, please check and explain below.

Food Stamps TANF Relative Care Giver Funds

Have you or anyone in your household ever been involved in a bankruptcy? Yes No
 Have you or anyone in your household ever been involved in any foreclosure action? Yes No
 If yes, what was the date of the bankruptcy or foreclosure? _____
 Have you or anyone in your household ever been involved in a domestic violence incident? Yes No
 Have you or anyone in your household ever been arrested? Yes No (If yes, list below.) use additional paper if needed

Name at Time of Incident	Date	City of Arrest	Offense	Outcome

Have you or anyone in your household ever been a party in an injunction case? Yes No

Have you or anyone in your household ever been involved in an investigation of abuse or neglect in the State of Florida or any other State? Yes No If yes, what year? _____ State? _____

Do you or anyone in your household have a drug/alcohol related violation on your driving record?

Yes No

Have you or anyone in your household ever been or are you currently under the regular care of a doctor, therapist or mental health counselor? Yes No If yes, please explain: _____

Is anyone in the household on medication? Yes No If yes, please list and explain: _____

Do you and your co-applicant have reliable transportation? Yes No

Do you and your co-applicant have access to a computer and printer? Yes No

Do you and your co-applicant have immediate access to a telephone? Yes No

Do you read, write and speak English fluently? Yes No

Does your co-applicant read, write and speak English fluently? Yes No

Have you ever been licensed, applied to be licensed or taken a MAPP, PRIDE or other pre-service class with another agency to be a foster or adoptive parent?

Yes No If yes, what agency? _____

Where? _____ When? _____

How did you learn about Kids Central's foster care program? _____

Why are you interested in fostering children? _____

Why are you interested in adopting children? _____

Preference of desired age of foster child:

birth to eight years eight to thirteen twelve to seventeen birth to seventeen

(Note: birth to 2 years requires a crib in the home)

IMPORTANT NOTE: Pursuant to the Multi-Ethnic Placement Act of 1994 and the Small Business Job Protection Act of 1996, Section 1808, Removal of Barriers to Interethnic Adoption, “race, culture or ethnicity may not be used as a basis for any denial of placement, nor may such factors be used as a reason to delay any foster or adoptive placement. Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may have previously been under-utilized as a resource for placing children.”

*I/We understand that once licensed to foster, children will be placed in my home that may become available to be adopted. I/We understand that under no circumstances is it guaranteed that we will be able to adopt the child that we are fostering. ******

I/We attest that the information given on this screening tool is correct to the best of my/our knowledge. I/We also understand that it is unlawful for any person to make a willful or intentional misstatement on any license application or other document required to be filed in connection with an application for a license.

Signature
Prospective Parent

Date

Signature
Prospective Parent

Date



RELEASE OF INFORMATION

I(we) hereby authorize the release of any information requested by the Department of Children and Families to be utilized in determining my(our) suitability to become

a licensed out-of-home caregiver, or an adoptive parent.

I(we) hereby grant permission to the Department of Children and Families to obtain information from local, state, or federal law enforcement agencies to help determine my(our) suitability to serve as a foster parent or as an adoptive parent. I(we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my(our) participation in

the licensed out-of-home care program, or the adoption program.

Applicant's Signature

Date

Applicant's Signature

Date

Name of all household members aged 12-17 years old:



Central Abuse Hotline Record Search

I/we, _____ and _____
(please print – first, middle, last name) (please print – spouse first, middle, last name, if applicable)

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of a abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were "verified indicators" of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: _____ Date: _____ Phone: _____

Print name legibly on line, then affix signature

Spouse Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

Applicant: Last four digits of SSN: _____ DOB: _____ Race: _____ Sex: _____						
Spouse: Last four digits of SSN: _____ DOB: _____ Race: _____ Sex: _____						
Prior Name(s): _____						
Current Address:	Address	City	County	State	Zip	Dates at Address

Previous Address:	Address	City	County	State	Zip	Dates at Address

Previous Address:	Address	City	County	State	Zip	Dates at Address

Reason for Record Search: Adoption Applicant (Chapter 63) DCF Employee (Chapter 39)
 Licensing/Registration Applicant (Chapters 39 or 409)

(NOTE: Searches of the Central Abuse Hotline may *not* be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all household members ages 12 and older on page two of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY		
<input type="checkbox"/> Foster Home/Shelter	<input type="checkbox"/> DD Foster Home	<input type="checkbox"/> Adoption
OCA and/or Facility ID: _____		
Facility/Agency Name: _____		Phone: _____
Address: _____		
	Mailing Address	City Zip Code
I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is CONFIDENTIAL and may be used only for the purpose for which it was obtained.		
Printed Name and Signature of Requesting Facility/Agency Representative _____		Date _____

APPLICANTS FOR FAMILY CHILD CARE, FOSTER/GROUP HOME OR ADOPTIONS – PLEASE ENTER INFORMATION FOR ALL HOUSEHOLD MEMBERS AGES 12 AND OLDER **EXCEPT FOSTER CHILDREN.**

Last Name	First Name	Middle Initial	DOB	Race	Sex	Last four digits of SSN

RESULTS (Department or Agency Conducting Search Use *Only*)

- No records found with verified findings where the applicant was the caretaker responsible in the final role or, for licensing, in any role in three reports within a five year period.
- Records for an adoptive/foster home applicant are attached:
- Records for a private adoption applicant found for review are listed below:

Report Number	Report Date	County

Date of Search: _____

Employee Conducting Search: _____ Phone: _____

Signature



BY APPOINTMENT ONLY

Circuit 5 Fingerprint Based Criminal History Check Form

- Services- 3Z
 Placement - Relative/
 Non-Relative/Level 1
 Licensing (FL921813Z)
- Licensing
 Prospective
 Foster
 (EDCFGN10Z)
- Adoption
 (FL921923Z)
- New Hire
 (EDCFGN10Z)
- Guardian Ad Litem
 (FL924280Z)

Agency Name & Location: _____ Livescan # (OCA): _____

A fingerprint check is requested from adult persons who have not been licensed and thoroughly screened by the Kids Central, Inc. This is to safeguard that a child is not left in the care of someone who may have criminal charges found in Florida Statute 435.045 or any other charges with may indicate a potential risk to a child.

By signing this form and being fingerprinted, you understand that your criminal history will be checked with the Federal Bureau of Investigation (FBI) and you are certifying that the information below is correct.

PLEASE PRINT

Name: _____ Phone Number: _____

Drivers License # _____ Exp Date: _____

Aliases: (Nickname/AKA): _____

Maiden Name: _____

Social Security No: _____ Date of Birth: _____

Place of Birth: (US State/Country): _____ Country of Citizenship: _____

Home Address: _____

Street City State Zip

Employer: _____ Occupation: _____

Employer Address: _____

Street City State Zip

Sex: _____ Eye Color: _____ Height: _____

Race: _____ Hair Color: _____ Weight: _____

Applicant's Signature: _____ Date: _____

Please fax or email this form BEFORE making an appointment

Case Worker/ Requestor Only	
Requestor : _____ (Please Print)	Phone: _____
Supervisor or Requestor Signature: _____	
Case No: _____	Date Requested: _____

Fingerprint Criminal History Check Form

BY APPOINTMENT ONLY



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Circuit 5 Fingerprint Based Criminal History Check Form

Services- 3Z
 Placement - Relative/
 Non-Relative/Level 1
 Licensing (FL921813Z)

Licensing
 Prospective
 Foster
 (EDCFGN10Z)

Adoption
 (FL921923Z)

New Hire
 (EDCFGN10Z)

Guardian Ad Litem
 (FL924280Z)

Agency Name & Location: _____

Livescan # (OCA): _____

A fingerprint check is requested from adult persons who have not been licensed and thoroughly screened by the Kids Central, Inc. This is to safeguard that a child is not left in the care of someone who may have criminal charges found in Florida Statute 435.045 or any other charges with may indicate a potential risk to a child.

By signing this form and being fingerprinted, you understand that your criminal history will be checked with the Federal Bureau of Investigation (FBI) and you are certifying that the information below is correct.

PLEASE PRINT

Name: _____ Phone Number: _____

Drivers License # _____ Exp Date: _____

Aliases: (Nickname/AKA): _____

Maiden Name: _____

Social Security No: _____ Date of Birth: _____

Place of Birth: (US State/Country): _____ Country of Citizenship: _____

Home Address: _____

Street City State Zip

Employer: _____ Occupation: _____

Employer Address: _____

Street City State Zip

Sex: _____ Eye Color: _____ Height: _____

Race: _____ Hair Color: _____ Weight: _____

Applicant's Signature: _____ Date: _____

Please fax or email this form BEFORE making an appointment

Case Worker/ Requestor Only	
Requestor : _____ (Please Print)	Phone: _____
Supervisor or Requestor Signature: _____	
Case No: _____	Date Requested: _____

Fingerprint Criminal History Check Form

BY APPOINTMENT ONLY



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Pledge of Honesty

As an applicant for a License to provide Foster Care, you are required to submit truthful and complete information. Florida Administrative Code, Chapter 65C-45 defines Terms of a License as follows:

An applicant who makes a willful or intentional misstatement on an application for licensure shall have his or her license denied or revoked.

By signing this document, you are acknowledging that you have been informed of this expectation. Thorough, comprehensive and truthful background information is critical to the assessment process that must be completed in order to determine if fostering is a good fit for your family. Failure to disclose information or providing inaccurate information will result in termination of the licensing process.

Applicant Signature: _____

Printed Name: _____

Date: _____

Applicant Signature: _____

Printed Name: _____

Date: _____

Health Screening Worksheet

This questionnaire is another tool in assessing the strengths and needs of your family. Having an illness or any medical problem will not necessarily preclude you from fostering or adopting.

Pursuant to 65C-16.005(i), applicants will be required to fully disclose health history, current health status, including any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition, regarding themselves and each member of the household. The physical, mental and emotional health of the prospective adoptive household members must not jeopardize the safety and permanency of the child's placement and will be considered in determining the best interest of the child.

Please complete a health screening worksheet for each family member in the home.

Name: _____

Age	Weight	Height	Blood Pressure

Do you have a family doctor? Yes or No
 If no, where do you go when you become ill or injured?

If yes.

Name of Doctor	Conditions Treated	Stable, Progressive, Improving	How Long with This Doctor

Date of last doctor appointment -- can approximate—last month—last year, etc...

Do you take any prescription medication? Yes or No
If yes,

RX	Condition for which it is prescribed	Name/Type of Doctor

List any surgeries that have occurred within the past 5 years, both inpatient & outpatient.

Date	Type of Procedure

Are you receiving disability payments/workman's compensation?
If yes, please explain conditions & circumstances.

Are you currently diagnosed with a contagious or communicable disease?

Never Used Past Use Present Use with Amount

Smoke Cigarettes			
Drink Alcohol			
Illegal Substance			

**Are you currently being seen by a Psychiatrist/Psychologist or Counselor?
If yes, please share under what circumstances. Please include name, length of time and type of service.**

**Have you been seen in the past by a Psychiatrist/Psychologist or Counselor?
If yes, please share under what circumstances. Please include name, length of time and type of service.**

**Are you currently diagnosed or suffering from any serious, life threatening disease, such as hepatitis, cancer, etc...?
If yes, how will this impact your ability at times to provide for a child's needs and what supports would be helpful to you?**

Additional comments you would like to make:

Signature of client or legal guardian

Date

Health Screening Worksheet

This questionnaire is another tool in assessing the strengths and needs of your family. Having an illness or any medical problem will not necessarily preclude you from fostering or adopting.

Pursuant to 65C-16.005(f), applicants will be required to fully disclose health history, current health status, including any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition, regarding themselves and each member of the household. The physical, mental and emotional health of the prospective adoptive household members must not jeopardize the safety and permanency of the child's placement and will be considered in determining the best interest of the child.

Please complete a health screening worksheet for each family member in the home.

Name: _____

Age	Weight	Height	Blood Pressure

Do you have a family doctor? Yes or No
 If no, where do you go when you become ill or injured?

If yes,

Name of Doctor	Conditions Treated	Stable, Progressive, Improving	How Long with This Doctor

Date of last doctor appointment – can approximate—last month—last year, etc...

Do you take any prescription medication? Yes or No
If yes,

RX	Condition for which it is prescribed	Name/Type of Doctor

List any surgeries that have occurred within the past 5 years, both Inpatient & outpatient.

Date	Type of Procedure

Are you receiving disability payments/workman's compensation?
If yes, please explain conditions & circumstances.

Are you currently diagnosed with a contagious or communicable disease?

Never Used	Past Use	Present Use with Amount
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Smoke Cigarettes			
Drink Alcohol			
Illegal Substance			

**Are you currently being seen by a Psychiatrist/Psychologist or Counselor?
If yes, please share under what circumstances. Please include name, length of time and type of service.**

**Have you been seen in the past by a Psychiatrist/Psychologist or Counselor?
If yes, please share under what circumstances. Please include name, length of time and type of service.**

**Are you currently diagnosed or suffering from any serious, life threatening disease, such as hepatitis, cancer, etc...?
If yes, how will this impact your ability at times to provide for a child's needs and what supports would be helpful to you?**

Additional comments you would like to make:

Signature of client or legal guardian

Date



FAMILY FINANCIAL STATEMENT

Substitute care parents must have sufficient income to ensure their stability and the security of their own family without relying on the board payments.

NET MONTHLY INCOME

AVERAGE MONTHLY EXPENSES

Applicant \$ _____

Mortgage/Rent \$ _____

Co-Applicant \$ _____

RE Taxes/Insurance \$ _____

SSI/SSDI/SSA \$ _____

Car Payment \$ _____

Credit Cards \$ _____

Other* \$ _____

Other Loans \$ _____

Electricity \$ _____

* Please list source of other income

Natural Gas-House \$ _____

Water \$ _____

Telephone \$ _____

Cable \$ _____

Insurance-Auto \$ _____

Child Care \$ _____

TOTAL \$ _____

Child Support / Alimony \$ _____

Gas-Auto \$ _____

Groceries \$ _____

Misc \$ _____

TOTAL \$ _____

Applicant

Date

Co-Applicant

Date

05/06/21