

# Foster/Proctor Care - Initial Family Application

Agency Name: \_\_\_\_\_

Agency Contact Information: \_\_\_\_\_

Foster/Proctor Family Address: \_\_\_\_\_

Foster/Proctor Provider Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Date of Birth:		Date of Birth:	
Gender:		Gender:	
Email Address:		Email Address:	
Religion:		Religion:	
Occupation:		Occupation:	
Employer:		Employer:	
Language(s):		Language(s):	
Education:		Education:	
Ethnicity:		Ethnicity:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Home Phone:		Marriage Date:	

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

## References

R501-12-4(9)(b): Submit a minimum of 3 and no more than 4. ONE MUST BE A RELATIVE, and THE REMAINING TWO OR THREE MUST BE NON-RELATIVES. Choose your references carefully since you will not be able to submit new names beyond those you submit in this document. Please print legibly.

Name	Address (with city, state, zip)	Email and Phone Number
Relative		
Non-Relative		

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Agency Name: \_\_\_\_\_

## Other information

School District: \_\_\_\_\_

Middle School /Jr. High: \_\_\_\_\_

Elementary School: \_\_\_\_\_

High School: \_\_\_\_\_

Are you applying for specific child(ren)? If so, please list children's names/ages and caseworker name:

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Have you had a previous home study?  Yes  No

If yes, please provide a copy or contact information for each agency that you have worked with

Do you provide child care in your home?  Yes  No If yes, please explain:

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Are you currently, or have you ever been a licensed or certified foster/proctor/respite provider?  Yes  No If yes, please list all agencies and their contact information, attach your signed Release of Information for that agency, and a written reference letter for each agency.

*Please note that you can not be certified until this information is received from all previous agencies.*

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Are you currently a director or decision-maker of *any* licensed Child Placing Agency? Yes No

*If yes, in accordance with R501-12-14(4): The agency may not certify owners, directors, managers, and members of the governing body to provide foster care services for foster children placed with or by any child placing foster agency.*

Can you verify that everyone living in your household has been immunized according to Utah Department of Health recommended immunization schedules?  Yes  No (this is being asked per: R501-12-7(14))

- Please submit proof if everyone is current
- If this cannot be done, your home will be considered for placement of immunized foster children only

Do you or any member of your household have a compromised immune system? Please explain.

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### FOR AGENCY REPRESENTATIVES:

*It is your responsibility to ensure the applicants provide the above information accurately, and assist you in obtaining supplemental information as necessary. Per R501-12-4, applicants must request a written reference letter from their previously certifying agency, as well as sign a Release of Information prior to being certified by a new agency.*

# Foster/Proctor Care - Emergency Plan

Agency Name:

Agency Contact Information:

Emergency Plan for \_\_\_\_\_

*This plan is required to demonstrate how you would manage an emergency (fire, earthquake, pandemic etc.) and specifically how you would provide for the care of a foster child during an emergency situation. Please refer to [www.ready.gov](http://www.ready.gov) for the Department of Homeland Security recommendations and activity pages for in-depth preparedness planning.*

**Out of state emergency contact:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency evacuation meeting place: \_\_\_\_\_

**Where will the family relocate (eating, sleeping, etc.) to in an evacuation?**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

OR

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Who may transport children in an emergency or relocation?**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Who will care for the children if parents are incapacitated during an emergency?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Which is the nearest hospital that you'd use in an emergency? \_\_\_\_\_

Notification of the proper authorities (Agency specific):

*R501-12-7(2): The foster parent shall provide training to children regarding response to fire warnings and other instructions for life safety upon the initial placement of a foster child and annually thereafter. This includes an evacuation plan that also anticipates the evacuation of a foster child who is non-ambulatory or who has a disability.*

*R501-12-5(11): Foster providers shall report any major changes or events to the Office or Agency within one business day (such as death or serious illness, loss of employment, change of residence, change of household composition, change of marital status, allegations of abuse/neglect, or emergency situations and critical incidents)*

# Foster/Proctor Care - Income Statement Form

Agency name:

Please list finances below:

Combined annual gross income \$ \_\_\_\_\_

Monthly Net Income	Amount	Expenses	Amount	Other Considerations	Amount
Primary Employment Income:		Mortgage/Rent:		Savings:	
		Car Payment:		Investments:	
		Insurance (Auto, Health, etc.):		Other:	
		Credit Card:			
Spouse Employment Income:		Phone(s):			
		Cable/Internet:			
		Charity/Tithe:			
Child Support Income:		Child Support:			
Social Security Income:		Automotive Fuel:			
Other Income:		Groceries:			
		Natural Gas:			
		Electric:			
		Other Utilities:			
		Other Expenses:			
Total Monthly Income after taxes:		Total Monthly Expenses:		Additional Considerations:	

List any special circumstances that should be considered when evaluating finances (add a separate page, if necessary):

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Any bankruptcies (If yes, please explain):

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*Do you rent/own/other your home? Please explain:*

*\*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.*

# Foster/Proctor Care - Application Signature Page

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

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

**Provider Code of Conduct** <https://dlbc.utah.gov/wp-content/uploads/Provider-Code-of-Conduct-R495-876.pdf>

**Foster Care Rules** <https://dlbc.utah.gov/wp-content/uploads/Foster-care-services-R501-12.pdf>

\_\_\_\_\_  
Primary Provider - Initials      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 the Agency. Be sure to:

- Work with your Agency representative to complete a background clearance application for everyone over the age of 12 residing in the home
- Include Income Statement Form and supporting documentation (tax forms or recent consecutive pay stubs) to verify income status
- Fill out and sign the top section of the Medical Reference Report and submit to your medical provider(s) for completion
- Coordinate with your Agency to complete pre-service training if you have not already done so
- ❖ **Collect the following documentation for the Agency if you have not already included these items with this application:**
  - Verification of immunization records for all residents of applicant's home (if available)
  - 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 First Aid AND CPR training (make sure you have both) for primary applicant and spouse. BLS certification typically covers only CPR, not First Aid. Must be Heart Savers, American Red Cross, or American Heart Association Friends & Family
  - Marriage Certificate (if applicable)
  - Provider Home Visit Preparation Checklist (when ready)

## The next steps in this process are as follows:

- ❖ Your background screening will be processed, and you will be notified of any issues
- ❖ Your foster care application will be reviewed by the Agency
- ❖ Prepare for your home visit according to the attached Provider Home Visit Preparation Checklist
- ❖ Once all paperwork has been submitted and training is complete, your Agency will coordinate with you regarding the required home study interview and home safety checklist

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

# Foster/Proctor 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 the Agency when all items are in compliance. The Agency can answer any questions you may have, and will give final approval after a physical inspection of your home.*

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, 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 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.

# Medical Reference For Foster Applicant

R501-12-4(7) requires each applicant to authorize a licensed healthcare professional to complete a physical exam (within the past 12 months) and send a signed Medical Reference Report directly to  
Medical Reference Reports must assess the ability of the individual to be a foster parent. **A separate form is required for each applicant.**

## TO BE COMPLETED BY APPLICANT

I, \_\_\_\_\_, give consent to have the following medical information released to \_\_\_\_\_.  
It will be used for the purpose of assessing my medical eligibility to care for children in foster care who may be medically fragile or have a history of abuse, neglect or trauma.

Medical Professional Name \_\_\_\_\_ Medical Professional Phone Number \_\_\_\_\_

Medical Professional Address \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

## TO BE COMPLETED BY MEDICAL PROFESSIONAL

Per R501-12-4(7), this document is to be completed by a **licensed health care professional** and sent directly to the Agency listed above. In order to make the best possible evaluation of each foster care or adoptive applicant, receiving complete and detailed information in regard to the following is appreciated: (please feel free to use additional pages, if necessary):

1. Describe health of applicant (*present and significant past*).

Physical: \_\_\_\_\_

Emotional: \_\_\_\_\_

2. Is this individual currently under treatment?  Yes  No

Is this individual Immunocompromised?  Yes  No

Condition(s): \_\_\_\_\_

Prognosis/Recommendations: \_\_\_\_\_

3. Is this individual currently taking any medication(s)?  Yes  No

If yes, for what condition(s)? \_\_\_\_\_

Please list medication(s) name(s): \_\_\_\_\_

How long has the applicant been taking this/these medication(s)? \_\_\_\_\_

How long do you anticipate this/these medication(s) will be needed? \_\_\_\_\_

4. Describe any strengths or limitations that could impact the applicant's ability to take on additional long or short-term parenting

responsibilities: \_\_\_\_\_

5. Can you verify this individual's compliance with Utah D.O.H. recommended immunization schedule (attach report)?  Yes  No

6. Based upon your assessment of the person's physical and/or emotional health, would they be able to adequately provide:

**Foster Care**  Yes  No  
(please mark one, do not skip or put n/a)

**Adoption**  Yes  No  
(please mark one, do not skip or put n/a)

Comments: \_\_\_\_\_

Would you like the Agency representative to call you?  Yes  No Phone Number: \_\_\_\_\_

Medical Professional's Signature: \_\_\_\_\_ Licensure/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**To Medical Professional: Thank you for completing this form. Please do not return it to the applicant, but return to the below Agency:**



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