

APPLICATION FOR FOSTER CARE LICENSE

This is an application for Foster Home License Foster Group Home License
(check all boxes that apply)

APPLICANT

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Last name, First, MI		Last name, First, MI	
<u>Race (check all that apply):</u> <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> Aleut <input type="checkbox"/> Athabascan <input type="checkbox"/> Haida <input type="checkbox"/> Inupiaq <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimshian <input type="checkbox"/> Yupik <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<u>Race (check all that apply):</u> <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> Aleut <input type="checkbox"/> Athabascan <input type="checkbox"/> Haida <input type="checkbox"/> Inupiaq <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimshian <input type="checkbox"/> Yupik <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	
<u>Ethnic Background:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____		<u>Ethnic Background:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____	
Religious Affiliation (optional): _____		Religious Affiliation (optional): _____	
Education (last grade completed): _____		Education (last grade completed): _____	
Work Phone	Home Phone	Work Phone	E-mail Address
Mailing Address		City/Village	State Zip
Street Address		City/Village	State Zip
Location, if different from street address /directions to home			
Marriage (if applicable): Date		City/County	State Zip
Length of time sharing household with co-applicant:			
Household Members (Include yourself and your own children, including those living in the household part-time, but not foster children.)			
Name	Relationship	Birth Date	Age Driver's License #
1.			
2.			
3.			
4.			
5.			
Use a separate page for additional individuals			
Willing to care for: Number of children: _____ Age: _____ to _____ <input type="checkbox"/> Any age <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/> Specific child(ren) only			

Applicant Name(s): _____

Have you previously applied to OCS for placement of a child?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Type</u>	<u>OCS Office</u>	<u>Application Date</u>	<u>Date Study Completed</u>	<u>Approved</u>
<input type="checkbox"/> Relative Care	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Foster Care	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Adoption	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Guardianship	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever applied to another state, county, or private agency for placement of a child?

	<u>Agency Name</u>	<u>Address</u>
<input type="checkbox"/> Relative Care	_____	_____
<input type="checkbox"/> Foster Care	_____	_____
<input type="checkbox"/> Adoption	_____	_____
<input type="checkbox"/> Guardianship	_____	_____

Do you now or have you ever provided care to non related adults or children? Yes No
 If yes, when and where? _____
 What type? _____

Was any care certificate, approval, or license you have ever held denied, suspended, revoked, withdrawn, or relinquished? N/A Yes No

Residence

How long have you resided at the current address?

If less than 5 years, list addresses for the past 5 years in the spaces provided.

Street	City	State	Zip Code	Dates

Are you located in an area susceptible to earthquakes, flooding, tsunamis, wildfires, avalanches, or other natural disasters?" Yes No

Closest Schools

Elementary School	Middle School	High School

REFERENCES (Neighbors, employer, physician, friend) Only one reference may be related to applicant. Please complete all sections.

Name	Full Mailing Address	Phone	E-Mail Address
1.			
2.			
3.			
4.			
5.			

Applicant Name(s): _____

As a licensed foster parent, you are an important part of the child's team. You will be asked to support and help implement the foster child's case plan and you may be asked to contribute to the plan's development. Do you foresee difficulties doing this? If yes, please explain. Yes No

A COMPLETE APPLICATION MUST INCLUDE:

- Clearance** form for each applicant and household member age 16 or older. (06-9437)
- Fingerprint cards for each applicant and household member age 16 or older.
- Verification of electronic fingerprints submitted.

APPLICANT CERTIFICATION AND SIGNATURE

- I (we) have read and completed this application.
 - I (we) certify that this information and any information given at a later date will be true, complete, and accurate.
 - I (we) have received a copy of the State of Alaska Child Foster Home Statutes and Regulations, or I (we) will use the web address at <http://www.legis.state.ak.us/FOLHOME.HTM> for a copy of the statutes and regulations.
- For Emergency Conditions Applies Does not apply
- I (we) will provide fingerprint cards within 30 days of the placement of the child in my (our) home.

Applicant or Licensee Signature _____

Date _____

Applicant or Licensee Signature _____

Date _____

* If 2-parents, both must sign

OCS USE ONLY

Completed for applicants who are already licensed and applicants who are interested in becoming licensed

FOSTER HOME / FOSTER GROUP HOME

Capacity and Age Range:

- Foster Home Ages: ____ to ____
(maximum: two children in first year, 3 children subsequent year)
- Foster Group Home Ages: ____ to ____
(maximum: 8, including own children)

License Application:

- Initial
- Biennial
- Change of location
- Applicant change: addition or loss of a foster parent, or change of name

Specializations:

- Emergency Shelter
- Supervised Transition Living
- Pregnant/Parenting Adolescents
- Boarding Home

Completed for all applications

Application initially received on _____
Date

It was accepted as complete with all documentation on:

Worker Signature _____
Date

Personal contact with the applicant was made on:

Worker Signature _____
Date

RETURN TO:
Worker/Agency