CAREGIVER APPLICATION

UNITY #_____

☐**Division of Child & Family Services (DCFS)** ☐**Clark County Department of Family Services (DFS)**
☐ **Washoe County Department of Social Services (WCDSS)**

Be sure that this application is completed in full and all required "separate sheet" attachments have been provided.

Application for (check all that apply): ☐ **Foster Care** ☐ **Adoption** ☐ **Relative/Specific Name:**_____
☐**ICPC** ☐**Contractor** (Name of contract agency)_____

How did you learn about the program: ☐T.V. ☐Radio ☐Newspaper ☐Friend ☐Relative ☐Agency/Court ☐Foster Parent
☐Other _____

Applicant #1 Name (First) _____ (Middle)_____ (Last) _____

Date of birth_____ Place of birth: City, _____ State, _____ Country, _____

Social Security #_____ Driver's Lic. #_____State_____

RACE/ETHNICITY: ☐ Cauc. ☐ African American ☐ Asian/Pacific Isl. ☐ Hispanic ☐ Other Identify)_____

☐ Native American/Alaskan Native Tribe_____ Tribal / Member Number: _____

Are you a US Citizen? ☐Yes ☐No Legal Resident? ☐ Yes ☐No If "Yes", Resident number _____

What languages do you speak? _____ Occupation_____
Employer _____Address_____
Work phone_____ How long at current job_____
(If less than five years, please list employment history for past five years by attaching a separate sheet)
Do you have health insurance? ☐Yes ☐No If yes, Agency _____
Would your health insurance cover an adopted child? ☐Yes ☐No

Applicant #2 Name (First)_____ (Middle) _____ (Last) _____

Date of birth_____ Place of birth: City, _____ State, _____ Country, _____

Social Security #_____ Driver's Lic. #_____ State_____

RACE/ETHNICITY: ☐ Cauc. ☐ African American ☐ Asian/Pacific Isl. ☐ Hispanic ☐ Other (Identify)_____

☐ Native American/Alaskan Native Tribe _____ Tribal / Member Number:_____

Are you a US Citizen? ☐Yes ☐No Legal Resident? ☐Yes ☐No If "Yes", Resident number _____

What languages do you speak? _____ Occupation _____
Employer _____ Address_____
Work phone_____ How long at current job_____
(If less than five years, please list employment history for past five years by attaching a separate sheet)
Do you have health insurance? ☐Yes ☐No If yes, Agency _____
Would your health insurance cover an adopted child? ☐Yes ☐No

Residence: ☐ House ☐ Apartment ☐ Condo ☐ Mobile Home if mobile home, year built_____
Do you own your home or rent? ☐ Own ☐ Rent ☐ Other (specify) _____
Total square feet in residence _____ How long at this residence?_____
Residence address _____City _____State_____
County _____ Residence phone ( )_____ Zip_____
Mailing address (If different)_____City _____ State_____
Email _____ Zip_____

Cell phone ( )_____ Cell phone ( )_____
(Applicant #1) **(Applicant #2)**

Revised 3/06

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List previous addresses for the past 10 years (Include City, State & Zip – use separate sheet if needed)

Check if for **Applicant** 1☐ 2☐	1 Address	FROM	TO	5 Address	FROM	TO	Check if for **Applicant** 1☐ 2☐
1☐ 2☐	2	FROM	TO	6	FROM	TO	1☐ 2☐
1☐ 2☐	3	FROM	TO	7	FROM	TO	1☐ 2☐
1☐ 2☐	4	FROM	TO	8	FROM	TO	1☐ 2☐

List ALL household members (In "Relationship to applicant" space list son, daughter, stepson etc.)

Name	Social security #	Birth date	Relationship to **Applicant** #1	Relationship to **Applicant** # 2	Name	Social security #	Birth date	Relationship to **Applicant** #1	Relationship to **Applicant** # 2
1					6				
2					7				
3					8				
4					9				
5					10				

List extended family for **Applicant #1** not living in the home (Include children, parents, brothers and sisters)

Name of extended family	Age	Relationship	Occupation	Address	Phone with area code
1					
2					
3					
4					
5					
6					
7					

List extended family for **Applicant #2** not living in the home (Include children, parents, brothers and sisters)

Name of extended family	Age	Relationship	Occupation	Address	Phone with area code
1					
2					
3					
4					
5					
6					
7					

List household's average monthly income (list all sources of income & attach documentation of this income)

Applicant #1			**Applicant #2**		
Gross monthly	Net monthly	Source	Gross monthly	Net monthly	Source
$	**$**		**$**	**$**	
$	**$**		**$**	**$**	
$	**$**		**$**	**$**	
$	**$**		**$**	**$**	
Assets Checking $		Savings $	Checking $	Savings $	
Stocks/bonds $	Real Estate $		Stocks/bonds $	Real Estate $	
Trust $	Annuity $		Trust $	Annuity $	
Other $	Type		Other $	Type	
Other $	Type		**Total combined monthly household income** $		

CAREGIVER APPLICATION

UNITY #_____

Has Either applicant declared bankruptcy? **Applicant** #1 ☐Yes ☐No **Applicant #2** ☐Yes ☐No
Location where order was filed_____ Date_____
(Attach bankruptcy disposition court order)

Household expenses: Enter your household's average monthly expenses (Do not include expenses that are deducted from paychecks)

House/Rent payments	**$**	Child support payments	**$**	Child care	**$**
Utilities	**$**	Loans outstanding	**$**	Clothing	**$**
Telephone	**$**	Payments for other real estate	**$**	Other	**$**
Gasoline / Auto maintenance	**$**	Recreation & entertainment	**$**		
Automobile payments	**$**	Life insurance	**$**		
Automobile insurance	**$**	Medical & dental insurance	**$**		
Groceries & household supplies	**$**	Medical care (not covered by insurance)	**$**	Total Monthly Expenses	
Credit card payments	**$**	Dental care (not covered by insurance)	**$**	**$**	

1. Have you ever applied to provide foster care? **Applicant #1** ☐Yes ☐No **Applicant #2** ☐Yes ☐No
Name of agency you applied with: _____ Date _____
Address of agency_____City_____State_____

2. Have you ever applied for a childcare license? **Applicant #1** ☐Yes ☐No **Applicant #2** ☐Yes ☐No
Name of agency you applied with: _____ Date_____
Address of agency_____City_____State_____

3. Have you ever applied to adopt a child? **Applicant #1** ☐Yes ☐No **Applicant #2** ☐Yes ☐No
Name of agency you applied with: _____ Date _____
Address of agency_____City_____State_____

4. Have you ever applied for a license to provide care for adults or children? **Applicant #1** ☐Yes ☐No **Applicant #2** ☐Yes ☐No
Name of agency you applied with:_____ Date_____
Address of agency_____City_____State_____

NOTE: Section 106 of the Federal Adoption and Safe Families Act: a record check revealing a felony conviction for child abuse/neglect, or spousal abuse, or a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a court of competent jurisdiction has determined that the felony was committed at any time, such final licensure approval shall not be granted; in any case in which a record check reveals a felony conviction for physical assault, battery or a drug-related offense, and a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such final licensure approval shall not be granted.

A "YES"ANSWER TO ANY QUESTIONS BELOW REQUIRES ATTACHMENT OF A SEPARATE SHEET TO PROVIDE DETAILS
**** SEE PAGE 5 FOR DETAILED INFORMATION REQUIRED***

5. Has **ANY household member** ☐ been treated **or** ☐ is being treated for a psychological condition? (Use separate sheet if needed)

Person treated	Condition or diagnosis	Date diagnosed	Treatment end date	Treating physician
Applicant # 1 ☐Yes ☐ No				
Applicant # 2 ☐Yes ☐ No				
Household member ☐Yes☐ No Name:				

6. Has **ANY household member** been prescribed medication for psychological/ mental health condition? (Use separate sheet if needed)

Person treated	Medications	Medications	Length of time medication used	Treating physician
Applicant # 1 ☐Yes ☐No				
Applicant # 2 ☐Yes ☐No				
Household member ☐Yes ☐No Name:				

7. Has **ANY household member** ever been arrested, convicted or currently facing charges, for ANY law enforcement violation/offense? **Applicant #1** ☐Yes ☐NO **Applicant #2** ☐Yes ☐No **Other** household member ☐Yes ☐No Date_____
Name_____ Name of arresting agency: _____
Agency address _____City_____County _____ State_____

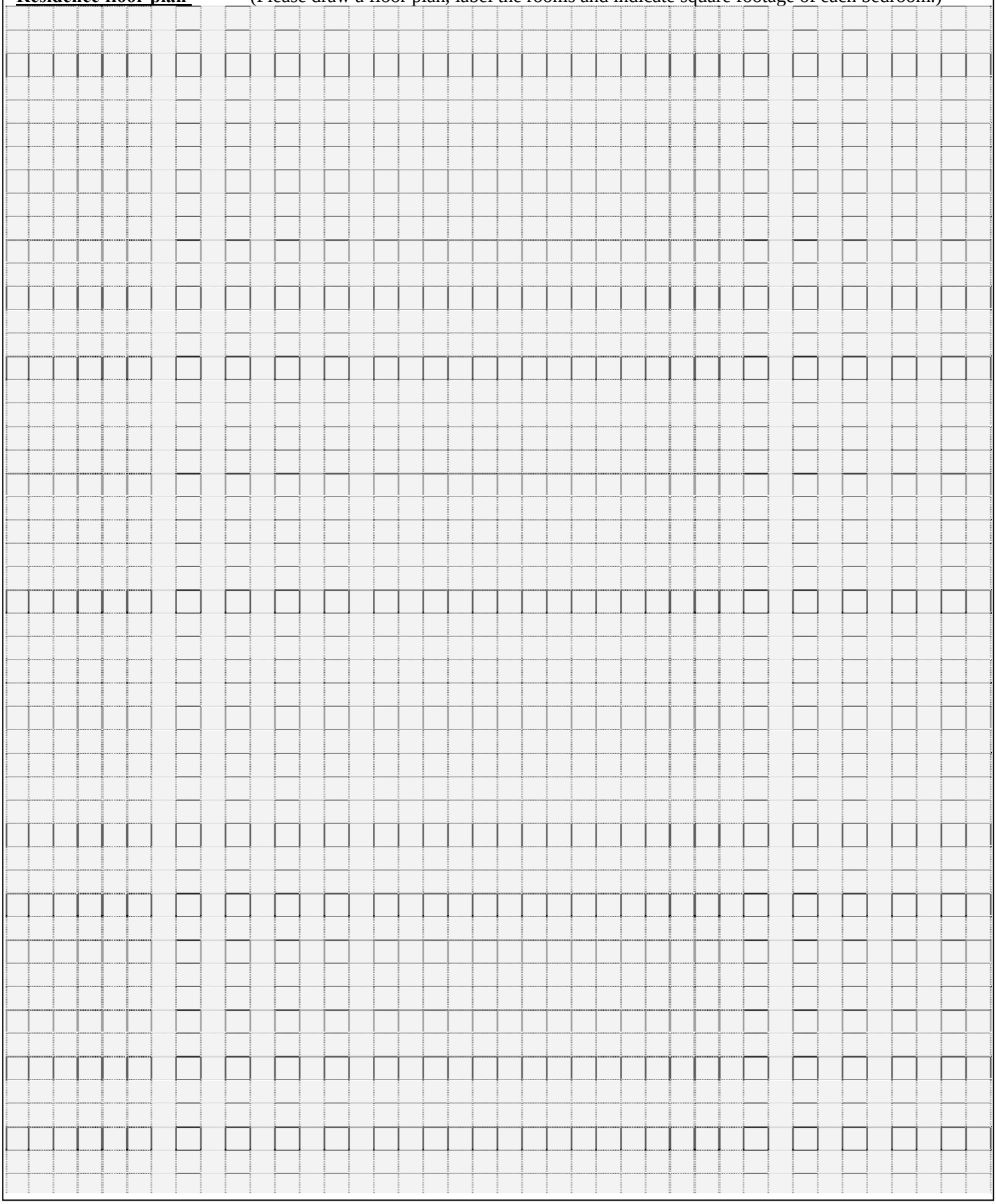
7.a Is **ANY household member** currently or previously on parole or probation for an offense?
Applicant #1 ☐Yes ☐No **Applicant #2** ☐Yes ☐No **Other** household member ☐Yes ☐No (Name)_____
Agency _____City_____County _____State_____

8. Was **ANY household member** ever investigated for child abuse or neglect by child protective services or law enforcement?
Applicant #1 ☐Yes ☐No **Applicant #2** ☐Yes ☐No **Other** household member ☐Yes ☐No (Name)_____
Name of investigating agency _____ Date of investigation _____
Agency address _____City_____County _____State_____

CAREGIVER APPLICATION

UNITY #_____

Residence floor plan (Please draw a floor plan, label the rooms and indicate square footage of each bedroom.)



CAREGIVER APPLICATION

UNITY #_____

References

Please list seven references that have known you for at least three years. No more than two of the seven may be relatives. Please be sure to include name, full mailing address including zip code, telephone number, relationship and the number of years known.

1. Name	Relationship	Full Address Zip	Phone Number ( )	Years Known
2. Name	Relationship	Full Address Zip	Phone Number ( )	Years Known
3. Name	Relationship	Full Address Zip	Phone Number ( )	Years Known
4. Name	Relationship	Full Address Zip	Phone Number ( )	Years Known
5. Name	Relationship	Full Address Zip	Phone Number ( )	Years Known
6. Name	Relationship	Full Address Zip	Phone Number ( )	Years Known
7. Name	Relationship	Full Address Zip	Phone Number ( )	Years Known

Attachments to the application: As necessary attach copies of the following documents. Final disposition cannot be determined until ALL required documents have been returned. (PLEASE check all attachments you have included.)

☐ Social Security Card (s) ☐ Driver's License (s) ☐ Automobile insurance ☐ Immigration card (s) if applicable
☐ Documentation of monthly income, i.e., pay stubs, most recent tax return, or other. ☐ Marriage certificate if applicable
☐ Divorce decree(s) if applicable ☐ Permits for well/septic systems if applicable ☐ Current immunizations for all pets
☐ Bankruptcy disposition order, if applicable ☐ Employment history for past 5 years if applicable
☐ Proof of TB testing for each applicant & household members 18 years of age or older
☐ Recent photographs of all household members ☐ Photographs of all bodies of water on the property where you live
☐ Proof of CPR training if applicable ☐ SAFE Questionnaire # 1 (completed) ☐ Homeowner's insurance (if you own your home)
☐ Renter's insurance and landlord's written permission for children to be in the home (If you rent your residence)
☐ OTHER_____

For any "YES" answer to QUESTIONS #5 THROUGH #8, an attachment is required as outlined below

☐ Explanation/listing of medication ***Attachment required.** Provide history of illness causing use of medication and name of attending physicain. Signed release of information from attending physician may be required.

☐ Explanation/listing of psychiatric treatment/condition ***Attachment required.** If psychiatric condition is identified, attending physian must provide written proof of ability to provide care. A Signed release of information from attending physician may be required.

☐ Criminal background/CPS history ***Attachment required.** Provide dates, circumstances and results of any CPS or criminal investigation. List all charges, arrests, disposition of arrest, if on parole/probation, name of parole officer and agency. Indicate all felony or misdemeanor arrests. Explain any child removed from your care or any termination of parental rights vs. you/current or previous partner.

I/WE DECLARE that the information supplied in this application is complete and true. I/We understand that any incomplete or false information **WILL** result in an immediate rejection of my/our application.

Signatures

Applicant #1_____Date_____

Applicant #2_____ Date_____

CAREGIVER APPLICATION

UNITY #_____

Office use only: Date received_____ Office location:_____Agency_____
Assigned worker_____Date assigned_____ SAFE Q-1 returned Yes ☐ No☐
Comments:

_____

DIVISION OF CHILD AND FAMILY SERVICES
STATEMENT OF APPLICANT(S) RESPONSIBILITY

THIS IS AN AGREEMENT BETWEEN Division of Child and Family Services (AGENCY) AND _____ (FOSTER/ADOPTIVE CAREGIVERS(S)), FOR THE PROVISION OF FOSTER CARE SERVICES TO CHILD(REN) PLACED IN CARE.

I. Serve as an active member of the service delivery team.

The foster/adoptive caregiver(s) will:

1. Adhere to the Division's policy on discipline as defined in the NAC regulation.
2. Participate in case planning conferences, team meetings, and foster care review board meetings, if applicable.
3. Closely observe and document the foster child's behavior so that it can be clearly and specifically communicated to the service delivery team.
4. Inform the caseworker of any special needs of the child, including educational, treatment, physical, etc.
5. Encourage the foster child to communicate with the caseworker.
6. Build a relationship with the primary family of the child to encourage that relationship and facilitate reunification, if called for in the case plan.
7. Encourage visitation between the child and the primary family, if called for in the case plan.
8. Before requesting the removal of the child from the home, make every effort to maintain the child's current placement. Request an emergency team meeting regarding the requested removal, if needed.
9. Respect the final decision made by the consensus of the service delivery team.

II. Meet the child's basic daily needs.

The foster/adoptive caregiver(s) will:

1. Provide for the child: food, shelter, recreational opportunities, education as required, maintenance of clothing, and transportation as defined in the case plan
2. Provide for the child: guidance, discipline, moral instruction, and/or opportunity for religious practices and normally observed holidays and special occasions.
3. Instruct the child in good health and hygiene habits.
4. Respect each child as a unique individual and offer nurturing, loving care, which enhances the child's positive qualities.
5. Transport and accompany the child to medical and dental appointments.
6. Investigate and encourage the development of the child's participation in community activities.
7. Assist in preparing the child for transition to the primary family, adoptive family, independent living, or other living arrangements.
8. Have a plan acceptable to the agency for the provision of care and supervision of the child by a competent person whenever caregiver(s) is absent from the home.
9. Keep running notes and/or questions of important matters in order to have the most productive discussions with the caseworker at monthly home visits.
10. Develop and maintain a lifebook for each foster child to chronicle their life while in substitute care and ensure that it goes with the child to each placement.

III. Confidentiality

The foster/adoptive caregiver(s) will:

1. Respect the confidentiality or information concerning the child's and/or his/her family's physical, mental, and social background, or the child's past or present problems, and to share this information only with appropriate persons specifically authorized by the agency.
2. Inform the child and primary family that information they give may need to be shared with the caseworker, especially if the information could lead to harm to the child or others.

IV. Training

The foster/adoptive caregiver(s) will:

1. Complete all pre-service and in-service training as required for licensing.

V. Policies and Procedures

The foster/adoptive caregiver(s) will:

1. Be licensed in accordance with the rules of the Division of Child and Family Services, and comply with all the rules.
2. Be aware and familiar with, adhere to and keep apprised of foster care regulations and standards.
3. Give the agency adequate notice (i.e., five (5)) working days when requesting removal of a child from the home, except where there is an immediate danger to the foster child or others if the child is not removed.
4. Adhere to the Division's policy on discipline as defined in the NAC regulations.

I (WE) HAVE READ AND AGREE WITH THE CONTENTS OF THIS DOCUMENT:

_____	_____
APPLICANT I	*DATE*
_____	_____
APPLICANT II	*DATE*
_____	_____
DIVISION REPRESENTATIVE	*DATE*

DIVISION OF CHILD AND FAMILY SERVICES

STATEMENT OF APPLICANT(S) AGREEMENT

I (We) agree the Division of Child and Family Services cannot issue a Foster Home License nor place children with us without our agreement to the following conditions.

I (We) voluntarily agree:

1. To report to the Division any change of address before moving, sickness in the family or changes in the family household and sickness of, or accident to, child or children placed with us.
2. To treat the child or children whom we may receive for Foster Care as members of our family.
3. To secure permission of the supervising agency before making plans for taking the child or children out-of-state.
4. To carry out instructions of the supervising agency for care of the child and to cooperate with the division in maintaining standards.
5. To allow the representative of the Division and/or supervising agency to visit this home. We agree the Division and/or supervising agency may make unannounced home visits.
6. That the Division has the responsibility to make and carry out plans for the transfer of children placed in our home to other homes, adoption, return to relatives or other disposition as may appear to the Division to be for the best interest of any child placed with us. These transfer plans will be discussed with us, along with our observations and recommendations, to assist the Division to make the most appropriate plan for the child.
7. That the reasons for refusal to accept the placement of a child in our home cannot be based on race, religion, ethnic origin or handicap.
8. To obtain any required training before licensure or re-licensure.
9. To maintain the child's confidentiality per NAC 424.485.

The information given in our application is true and complete to the best of our knowledge. We each have read and agree to comply with this statement of agreement and all other rules as set forth in the Nevada Foster Care requirements (NAC 424), of which we have received a copy.

I (We) have received a signed copy of the statement of agreement for our records.

Applicant I	*Date*
Applicant II	*Date*

I have discussed this statement of agreement with each of the above applicant(s), as well as those Nevada Foster Care Requirements for which clarification was requested.

Division Representative	*Date*

APPLICANT COPY

DIVISION OF CHILD AND FAMILY SERVICES

STATEMENT OF APPLICANT(S) UNDERSTANDING

I, _____ and **I, _____**
Understand the Division's primary concern is to find the best possible home for each child, therefore:

1. **An application for Adoption, Foster Care of ICPC does not guarantee an approval for placement of a child. An approval or denial is based on the suitability of the family for children for whom the Division as responsibility.**

2. **If my/our application is approved, I/we are not guaranteed the placement of a child in my/our home.**

2. **I/We hereby certify the foregoing facts are true and accurate to the best of my/our knowledge. I/We understand that any falsifying of information may result in an immediate denial of this application.**

_____ _____

APPLICANT I *DATE*

_____ _____

APPLICANT II *DATE*

Jim Gibbons
Governor

STATE OF NEVADA

Michael J. Willden
Director
Department of Health and Human Services

Diane J. Comeaux
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES

AUTHORIZATION BY APPLICANT(S) FOR RELEASE OF PROTECTED HEALTH INFORMATION OR CONFIDENTIAL INFORMATION

REGARDING:

_____ _____
NAME SOCIAL SECURITY NUMBER

_____ _____
NAME SOCIAL SECURITY NUMBER

You are authorized by the undersigned to release to the Division of Child and Family Services, the information including but not limited to that indicated below. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. This authorization also permits release of medical information under the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act amendments of 1974 (P.L. 93-282). A photocopy of this form shall be as valid as the original.

This authorization shall be in force and in effect until which time this authorization to use or disclose this protected health/confidential information expires. This authorization shall be valid for one year from the date signed, unless otherwise specified.

DATA REQUESTED:

_____
_____
_____

_____ _____
SIGNATURE DATE

_____ _____
SIGNATURE DATE

Please return this request to: **Division of Child and Family Services**