



*Caregivers Youth and Transitional Living Services – Child Placing Agency*

**Foster/ Adoptive Parent Application**

Please complete all information requested. If any item does not apply to you, please write “N/A” or “None” so there will not be any delay in the processing of your application.

**IDENTIFYING INFORMATION** (Please Type or Print Legibly)

**Primary Foster/Adoptive Parent**

Name: \_\_\_\_\_  
Last First Middle

**Spouse / Secondary Foster/Adoptive Parent**

Name: \_\_\_\_\_  
Last First Middle Maiden

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

Directions to home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_  
Cellular 1 (\_\_\_\_) \_\_\_\_\_ Cellular 2 (\_\_\_\_) \_\_\_\_\_  
Business: His (\_\_\_\_) \_\_\_\_\_ Hers (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

How long at current address? \_\_\_\_\_

If less than two years, previous address: \_\_\_\_\_

**Please provide the following personal information about you and your spouse:**

	HIS	HERS
Social Security Number		
Date of Birth		
Place of Birth (City, State)		
Citizenship (which country)		

**MARITAL HISTORY**

Current Marital Status:  Married  Single  Divorced  Widowed

If married, on what date? \_\_\_\_\_ How many years have you been married? \_\_\_\_\_

If divorced or widowed, on what date? \_\_\_\_\_

***If you are married, both you and your spouse must apply together, and you must attach a copy of your marriage license or declaration of marriage.***

**His Previous Marriages** (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From To _____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From To _____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From To _____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

**Her Previous Marriages** (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From To _____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From To _____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From To _____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

**HUSBAND'S ACADEMIC HISTORY**

Highest educational status attained:  Grade School  Junior High  Some High School  
 High School Graduate/GED  Some College  Associate Degree  
 Four Year College Graduate  Post Graduate

**WIFE'S ACADEMIC HISTORY**

Highest educational status attained:  Grade School  Junior High  Some High School  
 High School Graduate/GED  Some College  Associate Degree  
 Four Year College Graduate  Post Graduate

**HOUSEHOLD INFORMATION:** Information about other people living in your home (include foster children, if any).

Full Name (First, Middle, Last)	Relationship	DOB	Sex	School/ Occupation	Social Security Number	If foster, CPS Caseworker's Name & Phone

Give the names of all of your children or your spouse's children who live outside your household. Include grown children. According to the *Minimum Standards for Child Placing Agencies*, **all of these children living outside your household, who are 12 years and older, will have to be contacted by Caregivers Youth and Transitional Living Services to complete a child reference.**

Name	Sex	Age	Complete Address	Whose Child? Husband / Wife

**HUSBAND'S PREVIOUS CHILD CARE EXPERIENCE**

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

**WIFE'S PREVIOUS CHILD CARE EXPERIENCE**

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

**FOSTER PARENTING HISTORY**

How did you learn about **Caregivers Youth and Transitional Living Services FosterCare** program?

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Have you or your spouse ever applied to another agency to adopt a child or become a foster parent?  No  Yes If yes, was your application accepted?  Yes  No If your application was not accepted, why? \_\_\_\_\_

Have you or your spouse ever been licensed with another agency?  No  Yes

Have you or your spouse ever adopted through another agency?  No  Yes

Have you or your spouse ever been a house parent or worked in a treatment center either as a volunteer or a paid employee?  No  Yes If yes, as a:  Volunteer *OR*  Employee Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please Note:**

**If you answered NO to all** of the above, then you can skip the remainder of this section and go to the next section named, "**PERSONAL REFERENCES**".

**If you answered YES to any** of the above, you must complete the remainder of this section. We are providing space for up to three agencies. If more than three, attach a separate page.

**1. Agency Name, address, and phone number:** \_\_\_\_\_

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Number, age range, and sex of youth served (approximate breakdown):

Describe your experience:

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**2. Agency Name, address, and phone number:** \_\_\_\_\_

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Number, age range, and sex of youth served (approximate breakdown):

Describe your experience:

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**3. Agency Name, address, and phone number:** \_\_\_\_\_

Number, age range, and sex of youth served (approximate breakdown): \_\_\_\_\_

Describe your experience: \_\_\_\_\_

**PERSONAL REFERENCES** – Please list the names and addresses of four persons or couples ***not related*** to you who have known you well enough for at least two years to inform us accurately regarding your moral character and life style. Local references are preferred, but if none are available please give the address and home phone number for out of town references. For local references, please try to provide the home and business phone numbers. Please try to vary the nature of your references, including those from spiritual, business, or employment relationships, as well as social relationships.

Name	Complete Address (House Number, Street Name, City, State, Zip)	Home & Work Phone

Name of nearest relative not living with you: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**EMPLOYMENT HISTORY** (Please show all employment for the last five years)

**Husband's Present Employment:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Position or Title: \_\_\_\_\_  
Salary or Wage: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**If employed for less than three years, please list previous employment below.**

Husband's Previous Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
 Last Salary or Wage: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Wife's Present Employment:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Position or Title: \_\_\_\_\_  
 Salary or Wage: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
 Work Hours: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**If employed for less than three years, please list previous employment below.**

Wife's Previous Employment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
 Last Salary or Wage: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**INCOME AND EXPENSES** Provide the following information about your financial status and attach paycheck stubs or copies of your most recent tax returns or other documentation of your monthly income.

**Monthly Income**

<b>Husband's Income Source:</b> <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	<b>Gross</b> \$	<b>Net</b> \$
<b>Wife's Income Source:</b> <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	<b>Gross</b> \$	<b>Net</b> \$
<b>All Other Household Income Source: Rental Income, Alimony, Child Support, Dividends, Adoption Assistance, Foster Care Reimbursement, etc.</b>	<b>Gross</b> \$	<b>Net</b> \$
	<b>TOTAL:</b>	\$

**Assets**

<b>Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.)</b>	<b>Value</b> \$
<b>Do you own your own home or do you rent?</b>  <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)	

**Household Expenses:** Enter your household's average monthly expenses for the following items. DO NOT INCLUDE EXPENSES THAT ARE DEDUCTED FROM PAYCHECKS.

House/Rent Payments \$ \_\_\_\_\_ Automobile Insurance \_\_\_\_\_

Payments for Other Real Property	_____	Life Insurance	_____
Automobile Payments	_____	Medical and Dental Insurance	_____
Gasoline and Auto Maintenance	_____	Medical Care (Not covered by insurance)	_____
Groceries and Household Supplies	_____	Dental Care (Not covered by insurance)	_____
Child Care	_____	Child Support Payments	_____
Telephone	_____	Cellular Phone	_____
Clothing	_____	Utilities (Gas, Water, Electric)	_____
Recreation and Entertainment	_____	Credit Cards	_____
Other Debts/Expenses (specify):	_____		
_____	_____		
_____	_____	TOTAL MONTHLY EXPENSES:	\$ _____

**PERSONAL BACKGROUND INFORMATION** (Please check appropriate box.)

**HUSBAND**

**WIFE**

Yes	No		Yes	No
		Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child abuse, child molestation, or child neglect?		
		Have you been convicted or are you currently charged with a felony or misdemeanor classified as an offense against the person, family, public indecency, or any violation of the Controlled Substance Act?		
		Have you ever been charged with a felony?		
		Do you object to a criminal records check?		
		Have any of your children ever been placed in foster care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?		
		Do you expect any change in marital status, employment, family size or place of residence within the next year?		

Husband explain your answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wife explain your answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL HISTORY** Have you had a history of or treatment for any of the following?

**HUSBAND**

**WIFE HUSBAND**

**WIFE**

Yes	No		Yes	No
		Cancer		
		Severe Arthritis		
		Chronic Kidney Condition		
		Colitis		
		Ulcers		
		Hay Fever		
		Allergies		
		Asthma		
		Seizures		
		Neck Injury		
		Back Injury		

Yes	No		Yes	No
		Heart Condition		
		Heart Attack		
		Stroke		
		Hemophilia		
		Diabetes		
		Chronic Headache		
		Chronic Fatigue		
		Insomnia		
		Hepatitis		
		Lupus		
		Other:		

Husband explain your answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wife explain your answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HUSBAND**

**WIFE**

HUSBAND			WIFE	
Yes	No		Yes	No
		Are you now receiving or have you ever received treatment for chemical dependency? If yes, when? _____		
		Are you now or have you ever received treatment for alcohol dependency, alcoholism? If yes, when? _____		
		Have you had a history of or received treatment for depression? If yes, when? _____		
		Have you ever intentionally hurt yourself or attempted to commit suicide? If yes, when? _____		
		Have you had a history of or received treatment for an emotional or mental illness or family problems? If yes, when? _____		
		Are you now receiving or have you ever received psychiatric treatment? If yes, when? _____ If yes, have you ever had a psychological examination or battery of psychological tests? _____ If yes, when did you receive the psychological exam, and what was your diagnosis? _____		
		Are you now or have you ever taken medication for mental or emotional problems? If yes, when? _____ Drugs Prescribed: _____		
		Do you have a physical disability? If yes, what? _____ _____		
		Do you have any significant, acute, or chronic medical condition that could affect your ability to foster parent children? If yes, what? _____ _____ _____		
		Are you physically able to have children? If not, why? _____ _____ _____		

List all admissions to a hospital:

Date	Reason for Admission

List all prescription medications being taken on a regular basis:

Medication	Reason for Medication

Date of last visit to doctor and reason:

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List all illnesses you have had in the past year:

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Are your children current on their immunizations?  Yes  No





**Health Statement Permanent Member Foster Family Household**

Name of Foster Family: \_\_\_\_\_

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

Name of Household Member: \_\_\_\_\_

**NOTE TO PHYSICIAN:**

1. Please evaluate the household member's current health status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please indicate whether the household member is free from tuberculosis in a communicable form and include the type(s) or test(s) used and the results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate whether, in your opinion, the health of the household member will or will not affect the care of foster children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Comment/Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_

Physician/Designee

Name:

\_\_\_\_\_

Address or Office Stamp:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

*Caregivers Youth and Transitional Living Services – Child Placing Agency*

**FOSTER HOME PET SCREENING QUESTIONNAIRE**  
(Complete this form for each pet in the home)

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FOSTER FAMILY: \_\_\_\_\_ DATE: \_\_\_\_\_

FOSTER FAMILY ADDRESS: \_\_\_\_\_

TYPE OF PET( S) \_\_\_\_\_ BREED: \_\_\_\_\_

HEIGHT AND WEIGHT: \_\_\_\_\_

CURRENT LICENSE AND VACCINATION (License may not be required in some cities)

YES  NO EXPLAIN: \_\_\_\_\_

HOW LONG WITH FAMILY: \_\_\_\_\_

HOW WAS PET OBTAINED:  PET STORE  ADOPTION  BREEDER  STRAY

OTHER: \_\_\_\_\_

LIVING ARRANGEMENT:  INDOOR  OUTDOOR  OTHER \_\_\_\_\_

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CRATE TRAINED?:  YES  NO \_\_\_\_\_

AGGRESSIVE WITH OTHER ANIMALS:  YES  NO \_\_\_\_\_

AGGRESSIVE WITH PEOPLE?:  YES  NO EXPLAIN: \_\_\_\_\_

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PRIOR HISTORY OF AGGRESSIVE EPISODES: \_\_\_\_\_

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CAN PET BE CLASSIFIED AS A DANGEROUS ANIMAL?  YES  NO

EXPLAIN: \_\_\_\_\_

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IS PET PERCEIVED TO BE A THREAT TO CHILDREN?  YES  NO

EXPLAIN: \_\_\_\_\_

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ALL PETS NEED TO BE ORIENTATED AND INTRODUCED TO CHILDREN DURING PRE-PLACEMENT VISITATION TO INSURE COMPATABILITY. OBSERVATIONS NEED TO BE DOCUMENTED IN YOUTH RECORD.

WORKER: \_\_\_\_\_ TITLE \_\_\_\_\_

FOSTER PARENT: \_\_\_\_\_

**Foster/Adoptive Parent Statement on Pets**

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I \_\_\_\_\_ hereby state that I do not have any pets in my  
Prospective/ current foster parent(s)  
home at \_\_\_\_\_ and do not  
intend to bring any pets at this time. I will notify Caregivers Youth and Transitional Living Services  
Child Placing Agency in writing if I like to bring one at home in the future and will obtain all required  
vaccinations.

\_\_\_\_\_  
Foster/Adoptive parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster/Adoptive parent

\_\_\_\_\_  
Date

### Safety Issues Compliance

Minimum Standards for Child Placing Agencies and Region 3 Policy require that all foster/adoptive applicants be aware of basic home safety issues and acknowledge their understanding of these safety issues for any foster/adoptive child that may be placed in their home.

\_\_\_\_\_ I/We have read and discussed the Minimum Standards for Child Placing Agencies and agree to comply with the requirements of Appendix G of the Minimum Standards.

#### **Water Safety**

\_\_\_\_\_ Foster /Adoptive parents must not leave young children, or children with physical impairments, unsupervised in the bathtub.

\_\_\_\_\_ Foster /Adoptive parents must supervise children at all times when those children are around any large bodies of water, which includes swimming pools, hot tubs, stock ponds, creeks, rivers, and lakes.

\_\_\_\_\_ When children are around any large body of water, they must wear a regulation life preserver if they cannot demonstrate that they are able to swim. Do not assume the children know how to swim because they are school age and/or state they know how to swim.

#### **Trampoline Safety**

\_\_\_\_\_ The U.S. consumer Product Safety Commission (USCPSC) has determined that trampolines are not safe for use as play equipment and should not be used in child care facilities. The licensing division of the Department of Family and Protective Services has rules that foster and adoptive parents may not use a trampoline unless a variance request has been granted by State Office. Their variance request will be considered in terms of USCPS recommended safety precautions.

1. The trampoline must be equipped with frame pads. Frame pads must be made of firm yet flexible resilient material and must be big enough to cover frame and the outer hooks of all springs. Frame pads must be securely attached to the frame.
2. Any covering over the springs between the frame pad and jumping bed must be in contrasting color to the color of the jumping bed.
3. The trampoline must be on a level surface.
4. The area where the trampoline is used must be well lighted and measure at least 24 feet from floor to ceiling.
5. The trampoline, including all parts, must be checked for safety prior to each use. Staff responsible for the safety check must be knowledgeable about all aspects of trampoline safety.

6. The trampoline must be supervised by staff knowledgeable about all aspects of trampoline safety. There must be four spotters at all time the trampoline is in use. Spotters must be trained on injury prevention by a person knowledgeable about all aspects of trampoline safety.

#### **Fire arm safety**

Minimum standards and Region 3 Policy require that either no firearms are present in the home or that all appropriate precautions are taken. Precautions include that all firearms must be locked with a trigger guard lock or that all firearms and projectiles be kept in a locked area (an area that is locked with a key or a combination)

#### **Medication Safety**

Region 3 of the Department of Family and Protective Services requires that all medication, prescription and non-prescription be kept in a locked storage area. This includes medication which requires refrigeration.

#### **Miscellaneous**

##### **Burglar Bars**

Region 3 policy states that no home certified by DFPS shall have burglar bars over the doors and windows unless break away from the inside. All types of devices that are made to keep out of the house can also be threat to children living in the home. The home therefore must have all doors and windows accessible to those living in the house for exit purposes.

##### **Hunting Policy**

The decision regarding allowing a child in the conservatorship of DFPS to use firearms in connection with hunting activities will be made on an individual bases by considering each child's needs. The child's worker must consider the child's age, individual needs and situation, family history, the child's impulse control, emotional maturity, background, wishes, the recommendations of the caretaker and various other factors. The worker consults with the child's attorney ad Litem. Approval for the use of firearms will not be given for use other than target practice and sportsmanship activities.

The caretaker of the child must get prior written approval from the child's worker before allowing the foster child to use any type of firearm. If the decision is to approve the child to participating in the hunting activity involving firearms, the child must receive education in gun safety. The child must be accompanied and supervised at all times by an adult caretaker with gun safety knowledge and experience in handling guns.

##### **Smoking Policy**

Families certified as Habilitative or Primary Medical Needs Homes may no longer smoke in the home. All foster/adoptive children may no longer smoke in their cars while transporting foster/adoptive children. At this time, basic foster/adoptive families are being requested to voluntarily not smoke in their homes while caring for foster/adoptive children.

I/We, and acknowledge that I/We have been made aware of all the above mentioned issues and I/We have had an opportunity to discuss them with and agree to comply with these standards.

\_\_\_\_\_  
Foster/Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster/Adoptive Father

\_\_\_\_\_  
Date



### Region 3 - Water Safety Policy

When a foster and/or adoptive parent family home is verified or approved, CPS staff must ensure that the home is in compliance with the following water safety requirements:

1. Children under age five or children with physical or cognitive impairments must be supervised at all times in a bathtub.
2. Adults or persons certified in water safety must supervise children around any large bodies of water at all times. This includes swimming and wading pools, hot tubs, stock ponds, creeks, rivers, lakes, oceans, or bays.
3. **Foster and/or adoptive parents who have a pool or body of water on their property must successfully complete a water safety course.**
4. Life jackets must be worn by all children and youth who engage in boating activities and by children who are in more than two feet of water and do not know how to swim.
5. Hot tubs must be securely covered when not being used.
6. Swimming pools must have physical barriers designed to limit access. Barriers include fences or walls, and pool safety covers. Fences and walls around pools must be at least four feet high and well-constructed (the Red Cross recommends vertical fencing, and openings in the fence should be no more than four inches wide); these barriers must be installed completely around the pool. Fence gates must be self-closing, self-latching, and locked when the pool is not in use. If the house forms one side of the barrier for the pool, then doors leading from the house to the pool must be protected with alarms that produce an audible sound when a door is opened. Applicable doors and windows must also have a lock installed that cannot be unlocked by a child under the age of five without assistance. A child safety pool cover that can be placed over the water area may be used as an alternative barrier for fences or walls. However, pool covers are only required when there is no fence or wall surrounding the pool. Pool covers must be completely removed prior to pool use. In addition, exterior ladders (not in-pool ladders) on above-ground pools must be removed and gates secured and locked when the pool is not in use. Furniture or large materials must never be left near the pool's fence so children may not use them to scale the fence. Toys must be kept away from a pool that is not in use (toys can attract young children into the pool). A telephone and basic lifesaving equipment must always be kept by the pool (for example, a pole, rope, and personal floatation devices).
- 7.) Foster family group homes must comply with additional standards developed by DFPS's Licensing Division
- 8.) Foster and/or adoptive homes must also comply with all local and county ordinances.

We/I acknowledge that we/I received a copy and have read the Water Safety Policy and agree to adhere to the policy.

\_\_\_\_\_  
Foster/Adoptive Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster/Adoptive Parent Signature

\_\_\_\_\_  
Date

Caregivers Youth and Transitional Living Services – Child Placing Agency

Community Care Providers and Services

***Medical Information***

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

***Dental Information***

Dentist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

***School District Information***

Name of School District: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

***Community Care Clinic (Nearest Hospital)***

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Caregivers Youth and Transitional Living Services – Child Placing Agency**

**CAN I PARENT THIS CHILD?**

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

	Preferred	Acceptable	Not Acceptable
Sex of Child:			
Male	_____	_____	_____
Female	_____	_____	_____
Number of Children			
One child	_____	_____	_____
Sibling group of two	_____	_____	_____
Three or more children	_____	_____	_____
Race of child			
Anglo	_____	_____	_____
Black	_____	_____	_____
Mexican American	_____	_____	_____
Black/White	_____	_____	_____
Hispanic/Anglo	_____	_____	_____
Hispanic/Black	_____	_____	_____
Oriental	_____	_____	_____
Oriental/Mixed	_____	_____	_____
Age			
Please complete in space	_____	_____	_____
BACKGROUND FACTORS		Will Consider	Will not Consider
Information Available			
None		_____	_____
One parent only		_____	_____
Parent(s)			
Criminal Record		_____	_____
Alcoholism		_____	_____
Drug Abuse		_____	_____
Mentally Retarded		_____	_____
Slow Lerner		_____	_____
Prostitution		_____	_____
Hemophilia		_____	_____
Diabetes		_____	_____
Epilepsy/Seizure Disorder		_____	_____
Cancer		_____	_____
Heart Disease		_____	_____

	Will Consider	Will not Consider
Child physically abused	_____	_____
Child emotionally abused	_____	_____
Child neglected	_____	_____
Child sexually abused	_____	_____
Social Factors of Child	_____	_____
Medical Neglect	_____	_____
Environmental Deprivation	_____	_____
Emotional Neglect/Abuse	_____	_____
Born in Prison	_____	_____
Born of incestuous relationship	_____	_____
Born drug addicted	_____	_____
Sexually abused	_____	_____
Characteristics of Child		
Visually impaired	_____	_____
Crossed eyes	_____	_____
Sight in only one eye	_____	_____
Totally blind	_____	_____
Special glasses needed	_____	_____
Hearing impaired		
Partial hearing/no correction	_____	_____
Wears hearing aid	_____	_____
Hearing in only one ear	_____	_____
Total deafness	_____	_____
Speech Disabled		
Does not speak	_____	_____
Needs speech therapy	_____	_____
Speech delayed	_____	_____
Mobility disabled		
Limps	_____	_____
Leg braces	_____	_____
Wheel chair needed	_____	_____
Missing limbs	_____	_____
Developmentally delayed		
Physically	_____	_____
Intellectually	_____	_____
Birth marks		
On face	_____	_____
On body	_____	_____
Hair lip/clef palate		
Previously corrected	_____	_____
More surgery needed	_____	_____
Burn scars		
On face	_____	_____
On torso	_____	_____
On legs and feet	_____	_____

Intellectual ability		
Average learner	_____	_____
Slow learner	_____	_____
Educational retarded	_____	_____
Severely retarded	_____	_____
Learning disabilities	_____	_____
Health disabled		
Seizure disorder		
Controlled by medicine	_____	_____
Infrequent seizures	_____	_____
Frequent seizures	_____	_____
Heart conditions		
Murmur without activity	_____	_____
Curtailed	_____	_____
Activity curtailed	_____	_____
Surgery probable	_____	_____
Diabetic conditions		
Borderline diabetic (diet)	_____	_____
Daily injections needed	_____	_____
Allergies		
Diet control	_____	_____
Injections	_____	_____
Oral medication	_____	_____
Epilepsy		
Cerebral palsy	_____	_____
Venereal disease	_____	_____
Hypertension	_____	_____

Hyperactive Child

Sexually Acting Out

Masturbates	_____	_____
Seductive behavior	_____	_____
Sexually active with others	_____	_____
Homosexual	_____	_____
Exposes self	_____	_____

Emotionally disturbed

Angry/aggressive	_____	_____
Passive/aggressive	_____	_____
Won't get close emotionally	_____	_____
Withdrawal	_____	_____
Non-trusting	_____	_____
Defiant	_____	_____
Over-conforming	_____	_____
Demanding	_____	_____
Worried, preoccupied	_____	_____
Whines, cries	_____	_____
Depressed	_____	_____
Vindictive	_____	_____
Fearful	_____	_____
Poor peer relationships	_____	_____

## FAMILY SUPPLY LIST

Ready Kids & The Federal Emergency Management Agency present:

### Family Supply List

#### Emergency Supplies:

Water, food, and clean air are important things to have if an emergency happens. Each family or individual's kit should be customized to meet specific needs, such as medications and infant formula. It should also be customized to include important family documents.

#### Recommended Supplies to Include in a Basic Kit:

- Water, one gallon of water per person per day, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered radio and a NOAA Weather Radio with tone alert, and extra batteries for both
- Flashlight and extra batteries
- First Aid kit
- Whistle to signal for help
- Infant formula and diapers, if you have an infant
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Dust mask or cotton t-shirt, to help filter the air
- Plastic sheeting and duct tape to shelter-in-place
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)

#### Clothing and Bedding:

If you live in a cold weather climate, you must think about warmth. It is possible that the power will be out and you will not have heat. Rethink your clothing and bedding supplies to account for growing children and other family changes. One complete change of warm clothing and shoes per person, including:

- A jacket or coat
- Long pants
- A long sleeve shirt
- Sturdy shoes
- A hat and gloves
- A sleeping bag or warm blanket for each person

Below are some other items for your family to consider adding to its supply kit. Some of these items, especially those marked with a \* can be dangerous, so please have an adult collect these supplies.

- Emergency reference materials such as a first aid book or a print out of the information on [www.ready.gov](http://www.ready.gov)
- Rain gear
- Mess kits, paper cups, plates and plastic utensils
- Cash or traveler's checks, change
- Paper towels
- Fire Extinguisher
- Tent
- Compass
- Matches in a waterproof container\*
- Signal flare\*
- Paper, pencil
- Personal hygiene items including feminine supplies
- Disinfectant\*
- Household chlorine bleach\* - You can use bleach as a disinfectant (diluted nine parts water to one part bleach), or in an emergency you can also use it to treat water. Use 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Medicine dropper- Important Family Documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container

Caregivers Youth and Transitional Living Services – Child Placing Agency

Disaster and Emergency Evacuation plan

Foster Parent's Name:

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Family Home Address:

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In the event of a fire, all children and adults in the home of will exit as follows:

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The meeting location outside of the home will be:

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Describe your home's plan in the event of a Tornado

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Describe your home's plan for a Hurricane or Flood

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Describe your plans for evacuation of children with Limited Mobility or with Special needs.

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I hereby accept the responsibility of reviewing my Home's Emergency Evacuation plan with all residents and House hold members and all caregivers at least quarterly along with the safety drill.

---

Foster Parent

Date

---

Foster Parent

Date

*Foster Parents-for your safety-you are required to post this plan in your home, practice it quarterly and check all smoke alarms regularly.*

**Caregivers Youth and Transitional Living Services - Child Placing Agency**

**Disaster and Emergency Response Policy & Procedure**

**POLICY STATEMENT**

Caregivers Youth and Transitional Living Services Child Placing Agency is committed to maintaining a vigilant state of disaster preparedness. For enlightened self-interest tells us that to be prepared is the greatest weapon against disaster. In recognition of the possibility of both small and large disasters, Caregivers Youth and Transitional Living Services CPA devised the following plan to ensure that appropriate actions are taken in the event of a disaster. This plan provides staff, foster parents and clients with a set of disaster priorities, emergency procedure guidelines, list of personnel and emergency contacts.

**Purpose:**the purpose of a Disaster Policy and Procedure is to inform the agency's staff, foster families and the children, the steps that should be taken in the event of a disaster.

The Executive Director, Administrator and the Treatment director, or a highest ranking staff person on duty, shall be responsible for declaring a situation a disaster and enforce the evacuation policies and procedures. A disaster may be a **fire, tornado strike, hurricane, flood, gas leak, explosion, bomb threat, electrical power outage, heating failure**, or any other situation that would warrant evacuation of the facility in order to protect the lives and safety of the agency's staff, foster parents and residents.

**General Procedures:**

In the event of an emergency, an agency staff or a Foster Parent shall contact the highest ranking officer to report the emergency. The Agency staff / Foster Parent shall call 9-1-1 to report the situation. All foster families shall be made aware of the emergency contacts for agency personnel during an emergency situation. This will be done during initial home verification and through ongoing training thereafter.

In emergencies that require **mandatory or emergency evacuation** such as Hurricane, as determined by the highest ranking officer, all affected foster families shall be instructed to evacuate to a safe and appropriate location as directed by the local officials. A command center shall be established per the highest ranking officer of the Agency. This should be in a convenient location out of the line of danger. The highest ranking person at scene shall become the "Commander" in order to direct people to areas needing assistance.

Whenever possible, Alternate placement for clients affected shall be arranged. The highest ranking person at scene shall designate someone to coordinate a shelter for foster parents and clients. This will be arranged by contacting the American Red Cross or by contacting the local government emergency department. The highest ranking person on scene shall assign a second person to coordinate transportation. Once a shelter is arranged, the Commander shall designate a meeting spot for all foster families.

The Highest ranking person is responsible for contacting the DFPS with the updates of the situation, where children are being transported and their condition through the DFPS website or calling the Hotline number. DFPS will be contacted and updated on the situation at least once per day unless otherwise instructed by DFPS until all children in care are accounted for or the emergency situation is over.

Following Agency Personnel can be contacted on their cell number- Executive Director- **Valerie Edmond at 817-448-2927**, Agency Administrator- **Tasha Bowie 817-962-8445**. They will be available

at all times. The agency requires all foster families to provide an alternative phone number of an immediate relative in file upon verification for use in emergency situation.

### **Coordination of Emergency Services and supplies**

Foster parents shall be responsible for taking client medications client records to the meeting spot. Foster parents are also responsible for gathering all linens and supplies needed for resident care. If possible, attempts should be made to gather resident clothing also. Foster parents will be responsible for supervision and overall care for their children. Case Managers shall be responsible for tagging and ensuring that the client records that are transported. The case managers may also have to reassure and supervise family members /on-lookers that may arrive on the scene. Foster parents shall also communicate with the Agency personnel periodically to update the location and the condition of the children as soon as they reached an evacuation destination. The person in charge or designated person shall check with all foster families in order to ensure that they have been safely evacuated.

The person in charge of the operation shall assign appropriate person to arrange emergency services during the emergency situation. This person shall also evaluate the activities in order to ensure that each foster family has adequate **1. Food, 2. Staffing, 3. Shelter, 4. Transportation, 5. Medication, 6. Supplies, 7. Emergency equipment and 8. Emergency services 9. Medically necessary equipment and supplies, or access to these items for the child during an emergency.** Treatment director or a designated person shall record where each family has been evacuated to and record time, date and location of the shelter complete with contact information for the shelter and foster families.

### **Evacuation steps**

The foster parent needs to escort children to designated meeting spot in your home or nearby tornado shelter if a tornado occurs. Everyone in the home must be accounted for. If needing to evacuate the home due to severe weather or flooding, be aware of any Flood watches and warnings in your area. Evacuate to safe location on higher ground. Do not try to walk or drive through flooded areas. Stay away from moving water and downed power lines. Throw away food that has come into contact with floodwaters.

In case of storm or Hurricane be prepared before it by anchoring outdoor objects that can blow away, Fill vehicles with gas se the gas stations lose power, consider buying a small generator to power electrically powered life-sustaining equipment, have a corded telephone available, learn how to open your electric garage door using the manual override, make sure you have an alternate heat source and fuel supply During a storm or hurricane , do not drive or go outside in high winds, void windows. And stay far away from downed power lines.

Remember to take following during any emergency evacuations

- Emergency contact information
- First aid kit
- Critical and rescue medications
- Cell phone
- Food, water, and diapers
- Battery-operated radio.
- Flash lights

### **Procedures for evacuating infants and children needing special assistance.**

Foster parents must be prepared before a disaster strikes or an emergency situation arises and have specific procedures to ensure safe evacuation of children under 24 months, who have limited mobility or who otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairment or a medical condition that requires assistance in their care

- Foster parents must ensure that all transporting equipment such as car seats, booster seats or mobility aids such as wheel chairs, walkers, crutches etc. are in working condition and accessible at all times.
- Must ensure they have adequate supply of formulas, diapers, special medications such as inhalers, epilepsy medications etc. and take it with them in case of an emergency evacuation.
- In any emergencies needing evacuation or relocation, ensure infants and children with limited mobility or other impairments are relocated first. Such children must be carried or escorted by foster parents or by an adult who is familiar with their condition.
- All children in care must be accounted for during and after evacuation.

### **Emergency Support services**

Following the evacuation, the person in charge of the operation shall assign appropriate persons to arrange emergency services to include crisis counseling for the children in care during the disaster. Agency will utilize all crises counseling resources available in the area including agency therapists that are familiar with the children. The person in charge or the designated person shall keep an official roster with the names of clients, foster families, staff and volunteers present at the time of disaster and during the evacuation. The person in charge or the designated person shall maintain contact information for the child's DFPS case worker and the Case worker supervisor. The Treatment Director or the designated person shall be responsible for the recording of all client information during the evacuation to include: name of the client and the next of kin responsible party; shelter transferred to and person accompanying client; medications, med sheet, needed services.

Once all families have been evacuated and all supplies gathered, agency staff and personnel shall visit with the families in an orderly fashion to assess post-disaster service needs and to maintaining the services as required by the child's service plan or by the court order. Agency staff shall work with shelter relief staff and social service agencies to meet the needs of clients and foster families to include emergency power, food, water, and transportation. The Management Team shall work with the County officials in terms of planning for the return of foster families to their homes after the mandatory or emergency evacuation.

### **Client records**

The Administrator or a designated person shall be responsible for the storage, protection and / recovery of all records such as Children's records- Placement information, medical authorizations, Medicaid cards, star health cards, and education portfolio- Foster home records, Employee records and all business records and receipts including electronic records in situations Agency office is affected. All efforts will be made to transfer such records to a safe and secure location that will ensure the confidentiality of the records.

All electronic records will have a backup and disaster recovery procedure in compliance with the DFPS Contractor Information Security Standards. The Agency Information technology policy and procedures ensures that **a.** all information backup facilities are tested periodically to ensure recoverability **b.** have an offsite storage facility that is geographically located away from the primary facility and **c.** Confidential DFPS material transmitted over an external network connection is protected adequately as required by the law.

### **Orientation and Training**

Caregivers Youth and Transitional Living Services shall train all staff, foster families and care givers this Disaster and Emergency response policy and procedures at the Agency pre-service training. The Emergency Evacuation Plan for each family shall also be reviewed at this time. Both the Agency Disaster

policy and the individual family's Emergency Evacuation Plans shall be reviewed with the foster parents at least every two years after verification or whenever a change occurs. Agency will also provide a copy of this Agency disaster plan to the foster families initially and every time there is a change. Both the Agency Disaster plan and the individual family's Emergency Evacuation Plans shall be a permanent part of foster family record.

This Disaster Policy and Procedures shall be reviewed on a regular basis to maintain its current at all times. This will be reviewed at least every two years or when changes in administration, construction or emergency phone numbers occur.

**Disclaimer:** It is important to note that each situation is going to be different, and that a situation may not allow for the above procedures to be implemented in this specific order. This plan shall be implemented in cooperation with the American Red Cross, City/County Emergency departments, and local Police and county Sheriff's Departments.

I have received a copy of Caregivers Youth and Transitional Living Services Disaster and Emergency Policy and procedures.

_____ Foster Parent signature	_____ Date
_____ Foster Parent signature	_____ Date
_____ Signature of the Agency staff reviewing information	_____ Date

Caregivers Youth and Transitional Living Services – Child Placing Agency

Seat belt /child safety seat / motorcycle statement

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I/ we acknowledge the new requirement by House Bill 537 that all children under 17 years of age who ride in a passenger van designed for 15 or fewer people to be in a seat belt or in a child safety seat.

I also understand that this law also prohibits children under the age 5 to ride on a motorcycle.

\_\_\_\_\_  
Foster/Adoptive parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster/Adoptive parent

\_\_\_\_\_  
Date

### **DISCIPLINE POLICY- AKNOWLEDGEMENT**

Provided to Managing Conservator Caregivers Youth and Transitional Living Services

will emphasize the importance of nurturing behavior, stimulation and promptly meeting each child's needs as a measure of promoting positive behaviors and avoiding negative consequences.

Caregivers Youth and Transitional Living Services will use appropriate authority and discipline practices as necessary to set limits for behavior and help each child and young adult develop the capacity for self-control. Caregivers Youth and Transitional Living Services shall ensure that all de-escalation techniques of behavior intervention have been exhausted before utilizing more restrictive and intrusive behavior management or behavior management intervention.

All types of discipline and limit-setting must be age appropriate. Discipline shall be individualized and related to the misbehavior, the child's age, developmental level, previous experience, and the child's previous reactions to discipline. Discipline of any type is not appropriate or permitted for infants. Great care and caution must be exercised when disciplining an abused child. Only foster parents or adult caregivers may discipline a child. All children and young adults must be advised of the reason they are being disciplined. It is important that families nurture a child's positive behaviors, provide stimulation to that end, and promptly meet each child's need according to age and developmental level.

Children may not be spanked. Physical punishment of any kind is not an acceptable form of discipline to be utilized on a child who has experienced abuse or neglect. Therefore, other forms of discipline, such as withholding privileges, grounding, time out, etc. should be used in the place of physical discipline.

Discipline of any child that may result in bruises, welts, burns, fractures, sprains, exposure or poisoning are prohibited; Any discipline that consist of withholding of food, water, shelter, significant sleep, clothing or bedding, supervision, medical or educational care or violate any of the specific prohibitions in the Minimum Standards or state laws that protect children from abuse or neglect. No restriction or loss of privilege should exceed 7 consecutive days.

Only a trained caregiver who is known to and knowledgeable of the child is authorized to discipline a foster child, and may utilize only approved methods of discipline according to Agency guidelines. These measures of discipline will be applied by the caregiver consistent with discipline policies and procedures. A passive personal restraint is the only allowable method of restraining a child, and may only be administered by an adult caregiver trained/approved by Caregivers Youth and Transitional Living Services in the proper techniques for its use. For more information, refer to the Emergency Behavior Intervention Policy.

Disciplines shall be recorded in the Discipline Log section of the Foster Parents Notes.

## PROHIBITED FORMS OF PUNISHMENT

- Physical punishment inflicted the body
- Ridicule, verbal abuse or threats, or derogatory or humiliating remarks directed at either the foster child or his/her family
- Rejecting, shaming or yelling at a child using abusive or profane language
- Punishment for bedwetting or actions related to toilet training
- Delegation of punishment to another child or group of children
- Denial of nutritious food, water, shelter, sufficient sleep, clothing, or bedding
- Denial of any elements of the Individualized Service Plan (ISP)
- Denial of mail, communication, or visits with their biological family as punishment
- Assignment of physically strenuous exercise or work solely as punishment
- Pinching, pulling hair, biting or shaking of a child no matter what age
- Requiring the child to remain silent or inactive for inappropriately long periods of time for the child's or young adult's age
- Non-productive work– physical or mental (i.e., moving rocks from one location to another then back to the original location)
- Maintaining an uncomfortable position for a length of time, such as kneeling or holding out arms
- Placement of a child in a locked room
- Group punishment for the misbehavior of an individual child
- Delegation of discipline to persons not known by the child
- Threats of removal from the foster home
- Putting anything in or on the child's mouth as a form of punishment, such as soap or hot sauce
- Children must not be threatened with the loss of foster home placement as punishment
- A child must not be confined/restricted to a particular room or isolated building for more than 12 hours as a form of discipline
- A child must not be confined in a locked room, dark room, bathroom, closet, high-chair, box or similar furniture or equipment as a form of punishment
- If a child is restricted to a foster home for more than 24 hours, the restrictions must be recorded in the child's record

- A child may not be threatened with the use of emergency behavior intervention techniques
- Physical, mechanical/ chemical restraints will not be used.

**PLEASE RETURN TO YOUR HOME DEVELOPER**

I (We) \_\_\_\_\_ and \_\_\_\_\_ have read and discussed the above **DISCIPLINE POLICY** with \_\_\_\_\_ and have received a copy of such policy. I (We) agree to adhere to this policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Statement of  
Foster Parent and Child-Placing Agency  
Rights and Responsibilities**

**Instructions:** Child-placing agency staff and the foster parents must sign this statement at the time the home is verified. The foster home must have a copy of the signed statement, and the child-placing agency must file a copy of the signed statement in the foster home record.

1. Foster parents have the right to be treated with dignity, respect, and consideration as a member of the service planning team.
2. Foster parents have the right and responsibility to participate in service planning and implementation of the service plan.
3. Foster parents have the right and responsibility to obtain training that will assist them in meeting the needs of children placed in their home.
4. The child-placing agency has a responsibility to assist foster parents in identifying training that will enhance the foster parent's ability to meet the needs of children placed in their home.
5. Foster parents and the child-placing agency have the responsibility to communicate with each other in a timely and effective manner.
6. Foster parents have the right to be reimbursed for care of the children placed in their home in a timely manner and according to the child-placing agency's policy.
7. The child-placing agency has the responsibility to provide relevant information about a child to foster parents when placing or considering placing the child.
8. Foster parents have the right and responsibility to obtain information and ask questions about children the child-placing agency would like to place in their home, including requesting a pre-placement visit.
9. Foster parents have the right to know how much discretion they have in declining specific placements without fear of negative repercussions.
10. The child-placing agency has the responsibility to provide support to all of their foster parents and inform them of any services available to foster parents.
11. Foster parents have the responsibility to report to the child-placing agency and Licensing information as required by the child-placing agency's policies and the Minimum Standards for Child-Placing Agencies.
12. Foster parents have the right to appeal child-placing agency actions and decisions that affect them and to know the procedures for making an appeal.
13. Foster parents have the responsibility to comply with the Minimum Standards for Child-Placing Agencies as applicable.
14. The child-placing agency has the responsibility to provide foster parents with support, training, and oversight in order to ensure the foster parents are in compliance, as applicable, with the Minimum Standards for Child-Placing Agencies.
15. Foster parents have the right to review their child-placing agency foster home record maintained by the child-placing agency.

\_\_\_\_\_  
Signature of CPA Staff Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foster/Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foster/Adoptive Parent

\_\_\_\_\_  
Date

**Caregivers Youth and Transitional Living Services – Child Placing Agency  
Medication Administration and Records**

**Division 2, Administration of Medication**

**§749.1461. What consent must I obtain to administer medications?**

**January 2007**

- (1) You must obtain a general written consent to administer routine, preventive, and emergency medications.
- (2) You must obtain a written, signed, and dated consent, specific to the psychotropic medication to be administered, from the person legally authorized to give medical consent before administering a new psychotropic medication to a child, per §749.1603 of this title (relating to If my agency employs or contracts with a health-care professional who prescribes psychotropic medications to a child in care, what information must I provide the person legally authorized to give consent before requesting his consent for the child to be placed on psychotropic medication?) or §749.1605 of this title (relating to If my agency does not employ or contract with the health-care professional who prescribes psychotropic medications to a child in care, what information must I provide the person legally authorized to give medical consent prior to the health-care professional prescribing psychotropic medications to a child in care?).

**§749.1463. What are the requirements for administering prescription medication?**

**Subchapter J, Foster Care Services: Medical and Dental**

**Division 2, Administration of Medication**

**January 2017**

For prescription medications, caregivers must:

- (1) Be informed about possible side effects of medications administered to the child;
- (2) Store all medication in the original container unless the caregiver has an additional container with the same label and instructions;
- (3) Administer all medications according to the instructions on the label or according to a prescribing health-care professional's subsequent signed orders;
- (4) Administer each child's medication within one hour of preparation;
- (5) Ensure the child has taken the medication as prescribed;
- (6) Ensure a person trained in and authorized to administer medication administers the medication to a child in care unless the child is on a self-medication program;
- (7) Maintain any documentation provided by the health-care professional on the administration of current medication;
- (8) Not physically force a child to take medication;
- (9) Ensure that a child is not given any medication or treatment except on written orders of a health-care professional;
- (10) Not borrow or administer medication to a child that is prescribed to another person; and
- (11) Not administer medication to more than one child from the same container. Only the child for whom the medication was prescribed may use the medication.

**Division 4, Medication Storage and Destruction**

**§749.1521. Subchapter J,**

**January 2017**

A foster home must:

- (1) Store medication in a locked container;
- (2) Keep medication inaccessible other than to caregivers responsible for stored medication;
- (3) Store medication covered by Schedule II of the Texas Controlled Substances Act under double lock in a separate container. For example, a double lock can include a lock on the cabinet or filing cabinet and the door to the closet where medications are stored;
- (4) Make provisions for storing medication that requires refrigeration;
- (5) Keep medication storage area(s) clean and orderly;
- (6) Remove discontinued medication immediately and store it in a separate locked area until it is destroyed within 30 days;
- (7) Remove medication on or before the expiration date and store it in a separate locked area until it is destroyed within 30 days;
- (8) Remove medication of a discharged or deceased child immediately and store it in a separate locked area until it is destroyed within 30 days; and
- (9) Provide prescription medication to the person to whom a child is discharged or transferred if the child is taking the medication at that time.

## **Division 5, Medication Records**

### **§749.1541**

#### **January 2017**

- (a) Caregivers must maintain a cumulative medication record of all:
    - (1) Prescription medication dispensed to each child; and
    - (2) Nonprescription medications and supplements that are dispensed to a child under five years old.
  - (b) The cumulative medication record must be updated within 24 hours of administering medication.
  - (c) Caregivers must maintain the medication record, which must include:
    - (1) Child's full name;
    - (2) Prescribing health-care professional's name, if applicable;
    - (3) Reason medication was prescribed, for prescription medication;
    - (4) Medication name, strength, and dosage;
    - (5) Date (day, month, and year) and the time the medication was administered;
    - (6) Name and signature of the person who administered the medication;
    - (7) Child's refusal to accept medication, if applicable; and
    - (8) Reasons for administering the medication, including the specific symptoms, condition, and/or injuries of the child that the caregiver is treating, only for:
      - (A) PRN psychotropic medication; and
      - (B) Nonprescription medications and supplements for children under five years old.
  - Medium (d) Caregivers must document in the medication record each non-prescription medication or supplement that is given to the child and how often the child receives the medication or supplement.
  - (e) Caregivers must document any prohibited prescription medications (for example, medication allergies or contraindications) or prohibited nonprescription medications and supplements in the medication record.
  - (f) You must incorporate the medication record into the child's record.
- §749.1543. Where must a child's medication records be maintained?

## **Division 5, Medication Records**

### **September 2010**

- (a) The foster parents must maintain at the foster home the child's medication records for the current month.
- (b) Foster parents must submit copies of the child's medication records to you each month. You must file these medication records in the child's record.
- (c) You must maintain copies of all the child's medication records for the length of time that you provide services to the child.

### **Division 5, Medication Records**

January 2007

### **Division 6, Medication and Label Errors**

January 2007

A medication error includes, but is not limited to, the following:

- (1) A child receives the wrong medication;
- (2) A child receives medication prescribed to someone else;
- (3) A child receives the wrong dosage of medication;
- (4) A child receives medication at the wrong time;
- (5) A medication dose is skipped or missed;
- (6) A child receives expired medication;
- (7) Not following the medication administration instructions, such as giving a child medication on an empty stomach when the medication should be given with food; and
- (8) A child receives medication that was not stored as required to maintain the effectiveness of the medication, such as refrigerating or not refrigerating the medication or exposing the medication to heat or sunlight.

## **Division 7, Side Effects and Adverse Reactions to Medication**

### **January 2017**

- (a) A side effect from any medication is an effect of medication in addition to the medication's intended effect, often an undesirable effect.
- (b) If a child experiences side effects from any medication, the caregiver must:
  - (1) Document the observed and reported side effects;
  - (2) Immediately report any serious side effects to the child's prescribing health-care professional and the child's parent; and
  - (3) Report any other side effect to the prescribing health-care professional within 72 hours.

## **Division 8, Use of Psychotropic Medication**

### **§749.1603. January 2007**

- (a) Before requesting the person's written consent to give the child psychotropic medication, the prescribing health-care professional must give the following in writing or document a discussion with the person or a combination of both:
  - (1) The child's diagnosis;
  - (2) The nature of the child's mental illness or condition;
  - (3) An explanation of the purpose of the medication;
  - (4) A description of the benefits expected;
  - (5) A description of any accompanying discomforts and risks, including those which

could result from long-term use of the medication, and possible side effects, including side effects that are known to frequently occur in persons, side effects to which the child may be predisposed, and the nature and possible occurrence of irreversible symptoms;

(6) A statement of whether the medication is habituating in nature;

(7) Alternative interventions to the use of psychotropic medication that have been attempted and that have been unsuccessful;

(8) Other alternative treatments or procedures to the use of the psychotropic medication;

(9) Risks and benefits of the alternative treatments or procedures;

(10) Risks and benefits of not receiving or undergoing a treatment or procedure;

(11) An explanation that the person legally authorized to give medical consent may ask questions about the child's response to the medication, and may review your daily records on request; and

(12) An explanation that the person legally authorized to give medical consent may withdraw consent and request the medication be discontinued at any time.

(b) The health-care professional must offer to answer any questions the person legally

(c) The person must sign a consent form that acknowledges that you have provided all of the Information set forth in subsection of this section. (a) A copy of this signed consent form must be filed in the child's record.

Foster Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Foster Family Application Check-List**  
(Preparation check List for new foster parents)

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- Completed-Criminal Background Request Form (For all foster parents, respites, baby sitters, household members Age 14 & up)
- Copy of driver's license (For all requesting Background Check)
- Copy of Social sec. card ((For all requesting Background Check)
- Affidavit ( Notarized) for Applicants for a Registered Family Home (For foster parents and respite caregivers)
- Completed-Foster Parent Application (Application is completed by both foster parents)
- Completed Home study Questionnaire
- 3 personal references
- Completed Consent for Information/Releases form previous agencies (Transferring and previously verified foster parents)
- Health Assessment Form completed by your physician for both Foster Parents
- Floor Plan of your Home with Dimensions of all areas
- Emergency Evacuation Plan completed
- Emergency Evacuation Diagram showing all exits and assembling area for emergency
- Fire Inspection Report completed by city fire marshal's office
- Environmental Health Inspection Report by City environmental health dept.
- Birth Certificates/ Driver license for all household members.
- TB Test for Everyone in the Household within 1 year of verification
- Water Well Results if not on a city Water System
- Copy of Animal (Pets) Vaccinations (Rabies) or a statement stating no pets at Home
- Medication box with double locking facility
- First Aid Kit
- Fire extinguishers- Minimum 5 pound- A,B&C -one in each floor minimum
- Child safety or booster seat for children under 8 yrs.
- Smoke detectors in kitchen and sleeping areas
- Fire arms double locked
- No Trampoline
- Child safety Locks for cabinets
- Swimming pool - Fenced around area with self-latching door with lock
- No locks for the kids bed room
- Locking facility for knives and cleaning chemicals
- Negative Drug Test for both foster parents and caregivers
- Auto Insurance Policy (Requires Full coverage for autos used to transport Foster children)
- Home Owners Insurance Policy/ Renters insurance policy
- Copy of Home Ownership document or Lease agreement (Minimum one year renewable lease)
- Copy of Marriage License/ notarized Document to Verify Length of Common-Law Relationship and supporting documents)
- Copy of All previous divorce decrees

- Copy of Income Verification Documents (Check-stubs, W2, Child support, Social security income etc.)
- Copy of High School Diploma/ College Transcripts/Degrees for both foster parents
- Land Phone Line (Required prior to the verification of the Home)
- Fax Machine/ ability to send and receive fax
- Family Picture

**Pre- Service Training Requirements(Required for each Parent)**

**Child care services/ Basic Homes**

- Agency Orientation
- Agency Pre service Training (16 hrs.)
- Infant and Adult CPR
- First Aid Training
- Psychotropic Medication Training
- Medical Consenter training
- Transportation safety Training
- Trauma Informed Training

**Treatment services or Therapeutic Homes**

- Emergency Behavior Intervention Training (8hrs)
- 40 hours of supervised Training for New caregivers

**PLEASE RETURN TO YOUR HOME DEVELOPER**

## **Statement of Understanding:**

**I, \_\_\_\_\_, understand and have read through the required trainings needed to become a foster parent. I understand trainings are free; however, transportation and sexual abuse trainings you must pay for first and then the agency will reimburse you. I understand that I cannot become a foster parent if my background checks have not cleared. Fire and environmental inspections must be done prior to licensing my home.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CYTLS Staff Signature

\_\_\_\_\_  
Date

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