



FOSTER FAMILY CARE NETWORK APPLICATION

722 NE 162nd Ave; Portland, OR 97230

Toll Free: 888-586-7508 Office: 503-408-4729 Fax: 503-408-5021

SECTION I – IDENTIFICATION INFORMATION

Family Name(s): _____ County: _____

Family Address: _____ City/State/ZIP: _____

Mailing Address (if different): _____

Applicant #1: Phone(s): (____) _____ Applicant #1 Email Address: _____

Applicant #2: Phone(s): (____) _____ Applicant #2 Email Address: _____

Applicant #1

Vital Statistics

Full Name: _____

SSN#: _____ Gender: Male Female

DL# _____ State: _____ Exp. Date: _____

Birth Date: _____ Birth Place: _____

I have lived in Oregon: _____ Years _____ Months

Education

High School: _____

Post High School: _____

Degree(s)/Certificates: _____

Employment

Employed full-time Employed part-time Retired
 Not Currently Employed Never Been Employed

Present Employer: _____

Type of Business: _____

Your Position: _____

May we contact you at work? Yes No

Business Phone #: _____

Employed since: _____

Work Hours: _____

Source of income if not employed: _____

Applicant #2

Vital Statistics

Full Name: _____

SSN#: _____ Gender: Male Female

DL# _____ State: _____ Exp. Date: _____

Birth Date: _____ Birth Place: _____

I have lived in Oregon: _____ Years _____ Months

Education

High School: _____

Post High School: _____

Degree(s)/Certificates: _____

Employment

Employed full-time Employed part-time Retired
 Not Currently Employed Never Been Employed

Present Employer: _____

Type of Business: _____

Your Position: _____

May we contact you at work? Yes No

Business Phone #: _____

Employed since: _____

Work Hours: _____

Source of income if not employed: _____

Date Reviewed by Director: ____/____/____ In DB Received back from Program: ____/____/____ In DB

Date Referred to Program: : ____/____/____ In DB Actions Taken: _____ In DB

Bkth | Cpdt | CBR | Crisis Resp | HinH: Day Tx | LINK

Kerr: TFC | Kerr: Proctor | Kerr: WA Cty | Kerr: WR

NOTES: _____ In DB

SECTION II – HOME AND HOUSEHOLD INFORMATION

Home:

Type of Dwelling: House Apartment Mobile Home (Year: _____)
 Ownership: Own Rent / Lease Landlord / Company's Name / Address / Phone (if
 renting/leasing): _____

Water Supply: Public Private Sewer System: Public Private
 Stairs to Bedroom: Yes # _____ No Wheelchair Accessible: Yes No
 Do you have Household Pets? Yes No If yes, what kind, breed, name: _____

Local School District: _____

(If you're not sure, you can go to this link to find the school boundaries: <http://www.pps.k12.or.us/schools-c/map/>)

Elementary: _____ Middle: _____ High: _____

Household:

How many people live in your home (count yourself)? _____

Please list them. Attach additional sheets if necessary.

Name	Age	Gender	School/Occupation	Grade

Please list your children not living with you including adult children. Attach additional sheet if necessary.

Name	Age	Gender	Relationship	Address

Sleeping Arrangements:

	Number of Occupants		Number of Beds	Location	Please Specify Individuals
	Adults	Children			
Bedroom 1					
Bedroom 2					
Bedroom 3					
Bedroom 4					

Location: M = Main Floor 2 = 2nd Floor B = Basement A = Attic G = Garage

Abuse/neglect allegations:

Has anyone in your home been investigated for or accused of child abuse/neglect? Yes No
If yes, please list all child abuse/neglect allegations made against **ANY** adult 18 years and older, in the household including volunteers or employees or unrelated persons:

Name	Allegation	Date of Incident	City	State

List all Caregivers and Frequent Visitors (i.e. persons in home more than 3 times per week or overnight on a regular basis. Attach additional sheets if necessary):

First & Last Name	Relationship	Over 18?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Abuse/neglect allegation:

Have any of your caregivers or frequent visitors been investigated for or accused of child abuse/neglect?
 Yes No If yes, please explain:

SECTION III – PREVIOUS FOSTER CARE EXPERIENCE

1. Are you presently or have you ever been certified as a Foster Home by (check all those that apply):

Applicant #1 Applicant #2

- Department of Human Services (**DHS**) / When? _____
- Oregon Youth Authority (**OYA**) / When? _____
- Seniors and People with Disabilities (**SPD**) / When? _____
- Private Agency, Agency Name? _____ / When? _____

2. Are you presently or have you ever been licensed or certified as a foster or group home? Yes No

If yes, please list name(s) and address(es) of agency(ies): _____

3. Have you ever had a License or Certificate of Approval for a foster home or group home in ANY agency denied, suspended, revoked or conditions put on your license? Yes No If yes, please explain:

5. Number of Children Desired? _____ Age range?: _____ Gender: Male Female No Preference

6. Please check all disabilities/conditions/behaviors you are willing to consider:

- | | | |
|--|---|---|
| <input type="checkbox"/> Non-ambulatory | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Visual or Hearing Impairment |
| <input type="checkbox"/> Alcohol & drug use/dependency | <input type="checkbox"/> Physically disabled | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Medically involved | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Epilepsy (Seizures) |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Stealing | <input type="checkbox"/> Depression/Suicidal |
| <input type="checkbox"/> Oppositional/Defiant | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Running away |
| <input type="checkbox"/> Aggressive behavior | <input type="checkbox"/> Alcohol/Drug Effects | <input type="checkbox"/> Property destruction |
| <input type="checkbox"/> Inappropriate sexual behavior | | |

7. Please check all services which you are willing to provide to children in your home:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Special diets | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Behavior intervention | <input type="checkbox"/> Help with walking | <input type="checkbox"/> Lifting/help with physical transfer |
| <input type="checkbox"/> Incontinence care | <input type="checkbox"/> Injections under a registered nurse or physician's delegation. | |

SECTION VI – AUTHORIZATION AND AGREEMENT

1. I authorize the investigation of all matters, which **The Foster Family Care Network** deems relevant to my qualifications, including all statements in this application. I release from liability any person, employer or other named or unnamed informant supplying such information, and release **The Foster Family Care Network** from all liability that may result from making the investigation. This includes any reference checks or criminal background checks prior to or following foster home certification.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact in this application or any other required documents, as well as any misleading statements or omissions, may be cause for denial or immediate termination of foster home certification, regardless of how or when discovered.
3. I understand that **The Foster Family Care Network** may discontinue this relationship at any time during the certification process and that by completing this application **The Foster Family Care Network** is not required to certify my home for Foster Care.
4. I understand that financial reimbursement for care of foster children in my home will only be provided according to the signed agreement with my certifying agency.
5. I understand the focus of Foster Care is to provide each child with the most secure, protected, and loving environment possible and that placement will not be delayed or denied solely because of race. **(MEPA)**
6. As an applicant/foster provider I shall participate in certification and renewal studies, and in the ongoing monitoring of my home and shall give information required to verify compliance with all the rules, including change of address and number of persons in the household.
7. I have read, understand, and accept the above statements.

Applicant Signature

Date

Co - Applicant Signature

Date

Note: This application expires within 90 days of date signed by applicant.

**RETURN THIS APPLICATION TO: Foster Family Care Network
722 NE 162nd Avenue
Portland, OR 97230**

Albertina Kerr Centers
Kerr Youth & Family Services
3111 Santiam Hwy. Suite I
Albany, OR 97322
(541) 928-7257

Albertina Kerr Centers
Kerr Youth & Family Services
722 NE 162nd Ave
Portland, OR 97230
(503) 255-4205



Morrison Child and Family Services
11456 NE Knott Street
Portland, OR 97220
(503) 256-3040

Foster Family Care Network
722 NE 162nd Ave
Portland, OR 97230
888-586-7508 or 503-408-4729
Fax = 503-408-5021

AUTHORIZATION FOR RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

I authorize the mutual exchange of confidential information between the Family Foster Care Network, Albertina Kerr Centers, and Morrison Child and Family Services:

Foster Parent Applicant 1: _____

Foster Parent Applicant 2: _____

Street Address: _____

City, State, Zip: _____

Re: **Potential Foster Parent Certification**

Applicant 1 Date of Birth: _____

Applicant 2 Date of Birth: _____

I (We) understand that all information so exchanged will be treated as confidential. Signatures on this form authorize the release and disclosure of the following information:

_____ All Information Available _____ Social Information Only

_____ Medical Information Available _____ Psychological

Other: _____

This information will be used as follows:

_____ I (We) have requested that the Family Foster Care Network, Albertina Kerr Centers, and/or Morrison Child and Family Services consider me (us) for foster care certification.

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____

Please send this information to: **Foster Family Care Network**
722 NE 162nd Avenue
Portland, OR 97230