



FOSTER PARENT APPLICATION

Applicant Name: _____

Please Print

AKA (also known as): _____

Maiden name, previous last names

Please Print

Co-Applicant Name: _____

Please Print

AKA (also known as): _____

previous last names

Please Print

Current Address: _____

Number and Street

City

State

Zip

Addresses for Past 10 Years: _____

(Please use additional sheet for more information)

Ethnicity Applicant: _____

Ethnicity Co-Applicant: _____

Primary Language Spoken in Home: _____

Co-Applicant: _____

E-Mail Address: _____

Telephone Numbers:

() _____

Home

() _____

Work

() _____

Cell

() _____

Other

Marital Status:

Single

Married

Divorced

Separated

Widowed

How Long Married? _____

Education:

(Circle highest year completed)

Applicant: 9 10 11 12 13 14 15 16 Degree: _____

Co-Applicant: 9 10 11 12 13 14 15 16 Degree: _____

Per state regulations, a foster parent must have the education, training, and /or experience to appropriately meet the needs of the children in their care. Please list any courses, seminars, conferences, training or specific experiences related to foster care that you have received:

EMPLOYMENT: Applicant Name _____

****PLEASE SUBMIT COPY OF EARNINGS STATEMENT**

Current Employer: _____
Please Print

Job Title: _____
Please Print

Years Employed: _____ Monthly Income: _____

Address: _____

City State Zip

Telephone Number: () _____ Fax: () _____

Job Responsibilities:

Previous Employer _____
Please Print

Job Title: _____
Please Print

Years Employed: _____ Monthly Income: _____

Address: _____

City State Zip

Telephone Number: () _____ Fax: () _____

Job Responsibilities:

Reason for leaving: _____

EMPLOYMENT: Co-Applicant Name _____

****PLEASE SUBMIT COPY OF EARNINGS STATEMENT**

Current Employer: _____
Please Print

Job Title: _____
Please Print

Years Employed: _____ Gross (Before Taxes)
Monthly Income: _____

Address: _____
Number and Street

_____ City _____ State _____ Zip

Telephone Numbers: () _____ Fax: () _____

Job Responsibilities:

Previous Employer: _____
Please Print

Job Title: _____
Please Print

Years Employed: _____ Monthly Income: _____

Address: _____
Number and Street

_____ City _____ State _____ Zip

Telephone Numbers: () _____ Fax: () _____

Job Responsibilities:

Reason for leaving: _____

PREVIOUS FOSTER PARENT INFORMATION: Applicant Name _____

Have you ever been licensed or certified as a foster parent? Yes No

Are you currently a foster parent? Yes No

Do you currently have foster children in your home? If yes, how many? _____

Have you ever been licensed as a daycare provider? Yes No

Previous Foster Care Certification, Day Care Provider Employment & Any Licensure:

***PLEASE SUBMIT COPY OF DAY CARE LICENSE (IF APPLICABLE)**

Date	Agency Name & Address	Agency Contact & Phone Number	Date of Termination	Reason for Termination

Have you ever been subject of an investigation regarding your license or certification?

Yes No

Have you ever been subject to an investigation, either professionally or personally by Child Protective Services?

Yes No

If Yes, please explain (Give dates and reasons): _____

PREVIOUS FOSTER PARENT INFORMATION: Co-Applicant Name _____

Have you ever been licensed or certified as a foster parent? Yes No

Are you currently a foster parent? Yes No

Do you currently have foster children in your home? If yes, how many? _____

Have you ever been licensed as a daycare provider? Yes No

***Previous Foster Care Certification, Day Care Provider Employment & Any Licensure:**

***PLEASE SUBMIT COPY OF DAY CARE LICENSE (IF APPLICABLE)**

Date	Agency Name & Address	Agency Contact & Phone Number	Date of Termination	Reason for Termination

Have you ever been subject of an investigation regarding your license or certification?

Yes No

Have you ever been subject to an investigation, either professionally or personally, by Child Protective Services?

Yes No

If Yes, please explain (Give dates and reasons): _____

TYPE OF HOME

Please Circle One: House Condo Apartment Mobile Home
Home is: Owned Rented

HOMEOWNERS/RENTERS INSURANCE

****PLEASE SUBMIT COPY OF INSURANCE POLICY**

Type of Insurance: Renters Homeowners

Insurance Company: _____

Address: _____

HOUSEHOLD COMPOSITION

(Applicant, Co-Applicant and children living in the home)

Name	Relationship	Birth Date	Social Security # <small>Required for everyone</small>

DRIVERS

(List all household members with drivers licenses)

****PLEASE SUBMIT COPIES OF LICENCES/DMV PRINTOUTS FOR EVERY DRIVER**

Name	Relationship	Driver's License #

OTHERS LIVING IN THE HOME

Name	Relationship	Birth Date	Social Security# <small>Required for everyone</small>	Status <small>Temporary or permanent Resident</small>

SLEEPING ARRANGEMENTS

List current sleeping arrangements in your home:

Bedroom	Size (Measurement)	Size of Beds (i.e. Twin, Queen, etc)	# of People in Bedroom
1			
2			
3			
4			
5			

INCOME **PLEASE SUBMIT COPIES OF EARNING STATEMENTS

Please list all sources of household income, amount, and the person who receives the income; including any non-work related income such as SSI, disability, pension:

Source	Amount	Recipient/Receiver

Total Monthly Net (Take Home) Income: _____

MONTHLY HOUSEHOLD EXPENSES

<u>EXPENSE</u>	<u>AMOUNT</u>
Mortgage/Rent Payment	\$
Utilities	\$
Automobile Payments	\$
Automobile Insurance	\$
Health Insurance	\$
Credit Card Payments (Total)	\$
Loan Payments (Total)	\$
Food	
Clothing	\$
Miscellaneous Expenses (Please Explain below)	\$
Monthly Savings	\$
Other (Please Explain below)	\$
Total Monthly Expenses:	\$

**DRIVING/TRANSPORTATION
INFORMATION**

How many cars do you own?

Car # 1 Make: _____ Year: _____ Car # 3 Make: _____ Year: _____
Car # 2 Make: _____ Year: _____ Car #4 Make: _____ Year: _____

List all other drivers in your home: _____

**PLEASE SUBMIT COPIES OF INSURANCE POLICIES
FOR EACH VEHICLE

Automobile Insurance Company: _____

Address: _____

It is part of the foster family responsibility to transport children to and from natural parent visits, school, medical appointments and recreational activities.

Are you available at all times to transport? Yes No

Is your automobile available at all times? Yes No

If No, what alternative transportation plans do you have?

Alternative transportation plan:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Alternative transportation plan:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

WORK/SCHOOL SCHEDULES

Applicant Name:

Employer/School:

Days:

Hours:

Additional Comments:

**Co-Applicant
Name/Other Adult:**

Employer/School:

Approximate distance
from home:

Days:

Hours:

Additional Comments:

FOSTER CHILDREN SCHOOL INFORMATION

Please list the school(s) that the foster children in your care will attend:

Elementary School: _____
Address: _____
Phone Number: _____
School District: _____

Alternative Elementary
School (if any): _____
Address: _____
Phone Number: _____
School District: _____

Middle School: _____
Address: _____
Phone Number: _____
School District: _____

Alternative Middle School
(if any): _____
Address: _____
Phone Number: _____
School District: _____

High School : _____
Address: _____
Phone Number: _____
School District: _____

Alternative High School
(if any): _____
Address: _____
Phone Number: _____
School District: _____

Are you willing to drive a child(ren) to schools outside your school district?

Yes No

If yes, how many miles are you willing to drive each way for school?

0-10 11-20 21-30 40+

FAMILY HISTORY

Have you or any members of your household ever taken illegal drugs? Yes No

If Yes, what type? _____ Date of last use: _____

Who? _____

Have you or any members of your household ever been sexually molested or physically abused?
Yes No

If Yes, who? _____

Have you or any adult in the household been convicted of a crime, other than a minor traffic violation, for which the fine was \$50.00 or more? Yes No

If Yes, who? _____

If yes, please attach a separate sheet with a signed statement containing the nature and circumstances of the crime(s).

I declare under penalty of perjury that I have read and understand the information contained in this application and that my responses and accompanying attachments are true and correct. I further understand that it is a crime to provide false information on this application and doing so may subject me/us to criminal penalties. By signing this application, I understand that the HUGS Foster Family Agency will conduct a background check, including contacting former Foster Family Agencies and counties with whom I have been certified or licensed to determine my suitability for foster parenting.

I also understand at anytime, HUGS Foster Family Agency could terminate, without cause, my pending certification based upon any information gathered and received.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

APPLICANT HEALTH REPORT

Name: _____ Date: _____

Date of last physical exam: _____ Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____ () _____

Over all health (Please circle one) Fair Good Excellent

Have you ever had: Please ✓ Yes No

Have you ever had:	Please ✓	Yes	No
Allergies			
Arthritis			
Cancer			
Diabetes			
Disability Pension			
Drug/Alcohol Dependency			
Epilepsy			
Headaches/Migraines			
Heart Condition			
Hospitalization – for physical problem			
Hospitalization – for psychological problem			
Psychiatric Treatment			
Surgery			
Tuberculosis			
Ulcers			

If you checked yes for any of the above, please explain:

Treating physician's name and address: _____

Are you currently taking any medications? Yes No

If Yes. Please explain, listing the medications, dosage, and frequency of use:

Has anyone in the family ever been in therapy? Yes No

If yes, please explain:

I certify under penalty of perjury that the foregoing is true and correct.

Signed at _____, California

Applicant's Signature: _____ Date: _____

CO-APPLICANT HEALTH REPORT

Name: _____ Date: _____

Date of last physical exam: _____ Physician's Name: _____

Physician's Address: _____

Physician's Phone: (____) _____

Over all health (Please circle one) Fair Good Excellent

Have you ever had: Please ✓ Yes No

Have you ever had:	Please ✓	Yes	No
Allergies			
Arthritis			
Cancer			
Diabetes			
Disability Pension			
Drug/Alcohol Dependency			
Epilepsy			
Headaches/Migraines			
Heart Condition			
Hospitalization – for physical problem			
Hospitalization – for psychological problem			
Psychiatric Treatment			
Surgery			
Tuberculosis			
Ulcers			

If you checked yes for any of the above, please explain:

Treating physician's name and address:

Are you currently taking any medications? Yes No

If Yes. Please explain, listing the medications, dosage, and frequency of use:

Has anyone in the family ever been in therapy? Yes No

If yes, please explain:

I certify under penalty of perjury that the foregoing is true and correct.

Signed at _____, California

Co-Applicant's
Signature: _____

Date: _____

HUGS Foster Family Agency POLICIES

The HUGS Foster Family Agency staff and Certified Foster Parents will adhere to the following policies and procedures regarding reward and discipline, removal of children from certified homes, and grievances.

REWARD AND DISCIPLINE POLICIES

It is the HUGS Foster Family Agency policy that the purpose of discipline and rewards is to assist the child to grow, and develop, to their full potential into strong, self-assured, and stable adults.

REWARDS: Appropriate behaviors are reinforced through the use of a reward system. Depending on the circumstances and the age of the child, the foster parents may reinforce appropriate behaviors by the use of praise and extra privileges.

DISCIPLINE: Foster parents are encouraged to view discipline as a means of correcting behaviors and guiding children to appropriate behaviors rather than as a punitive measure. Inappropriate behaviors are to be corrected through the use of guidance methods and reward systems. When correcting inappropriate behaviors, the reason why certain behaviors are inappropriate is to be explained to the child and the desired behaviors are to be described. Children are to be encouraged to incorporate appropriate behaviors in their daily life through the use of a reward system. Disciplinary measure should, whenever possible be related to the offense.

Some of the methods that may be used by the HUGS foster parents to correct behaviors are:

Time outs- Time outs should be used when a child needs an opportunity to regroup or de-escalate during a potentially negative situation. The length of the time out should be appropriate to the behavior being corrected and should not be excessive. Child should understand length of time to be in time out.

Loss of privileges – Loss of privileges should be related to the offense. For example, if the family rule is that calls are not to exceed 20 minutes, and the child disregards the rule with a call exceeding 20 minutes, the child may lose a day of phone use to friends.

Removal - The child may be removed from situations that are dangerous to the child or others such as when a verbal argument begins to escalate.

Ignoring – Ignoring poor behavior and praising good behaviors.

PROHIBITED DISCIPLINE: Children will not be subject to corporal punishment, grabbing, shaking, manhandling or any other form of physical punishment, including any infliction of pain. In addition, foster children will not be subject to mental abuse, including humiliation, intimidation, or ridicule.

Children will not be denied food, shelter, clothing, sleep, toileting, or medications nor will they be deprived of mail or family visitations. No child shall be locked in their room as a form of discipline. Under no circumstances, will children be denied their personal rights as provided by California law, including the denial of calls to the child's authorized representative, placement agency, or Community Care Licensing.

At HUGS Foster Family Agency, restraining a child is prohibited and not a HUGS policy. Should this course of action be needed due to the needs of the child, as the child might be harm to themselves or others, we will need prior written permission from the county social worker and a possible court order to do so. Also, you will have to have training on approved restraint methods and this course of discipline be listed in the treatment plan for that specific child. *

DISCHARGE AND REMOVAL POLICY

Planned discharge or removal of children from a HUGS Foster Family Agency Certified Home is particular to the individual needs and circumstances surrounding each child. When a child leaves a HUGS placement to transition to the home of a family member, an adoptive family, to a lower level of care, or to a group home placement, the HUGS Foster Family Agency staff will work closely with the certified foster home and placing social worker to assist in transitioning the child. The child's placement worker will determine the appropriate time of discharge. Planned discharges will be determined on a case-by-case basis.

When appropriate, the child, and the child's authorized representative will be encouraged to participate in the development of the discharge plan. The child, age and maturity permitting, and the child's authorized representative shall be given a copy of the discharge plan. The child's authorized representative will sign the discharge plan and a copy of the plan shall be maintained in the child's agency records.

Emergency discharge or removal includes but is not limited to:

1. Removal for emergency medical care.
2. Removal for psychiatric care.
3. Removal or relocation by the child's authorized representative.
4. Removal by law enforcement due to arrest, or the safety of the child or other children in care.
5. If the HUGS Foster Family Agency cannot meet the needs of the child.
6. If the placing agency decides to discontinue services.

HUGS Foster Family Agency will make every effort to prevent unplanned termination. However, in the event that the agency feel it can no longer meet the needs of the child due to extenuating circumstances, the child's placement worker will be notified and a request for the child to be placed elsewhere will be made. The placing agency social worker, and the child's authorized representative, will be notified within 14 days if a determination is made that the agency can no longer meet the needs of the child. In the event the child is removed for medical, psychiatric, protective or legal purposes, the HUGS Agency will notify the placing worker immediately and a plan for return or discharge will be made at that time.

GRIEVANCE POLICY

Complaints regarding certified foster families, social work staff or administrative staff shall be processed in the following manner:

1. Attempt to resolve issues with the foster parents.
2. If the issue has not been resolved, contact the HUGS social worker.
3. If the issue has not been resolved through the social worker, contact the HUGS social worker supervisor.
4. If the issue has not been resolved through the supervisor, contact the HUGS Administrator.
5. If you feel you have still not been heard, and your issue remains unresolved contact the HUGS Board of Directors in writing.
6. Complaints filed regarding foster families will be filed with and investigated by Community Care Licensing.

The signature of the client or Authorized Representative below indicates that he/she has read and understands the provisions of this agreement, and has signed voluntarily.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

Other Adult in Home
Name: _____
Please Print

Other Adult in Home
Signature: _____ Date: _____

**AUTHORIZATION
FOR
RELEASE OF INFORMATION**

I/We, _____
(Print Name)

authorize the release of my records concerning my certification, de-certification, performance as a foster parent, and any information regarding current investigations on my home to the HUGS Foster Family Agency. The information may be released either verbally or in writing, at the discretion of the HUGS Agency.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

Other Adult in Home
Name: _____
Please Print

Other Adult in Home
Signature: _____ Date: _____

**STATEMENT ACKNOWLEDGING REQUIREMENT
TO REPORT SUSPECTED CHILD ABUSE AND ELDER ABUSE**

I understand that if I suspect any form of child or elder abuse including physical abuse, sexual abuse, or neglect, that I must immediately report the suspected abuse to the H.U.G.S Foster Family Agency. I also understand that the HUGS Foster Family Agency will be responsible for conducting a full investigation of all reports of suspected abuse.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

Other Adult in Home
Name: _____
Please Print

Other Adult in Home
Signature: _____ Date: _____

NON-DISCRIMINATION STATEMENT

I will not discriminate against foster children placed in my care for any reason, including those based on age, race, religion, ethnicity, size or intelligence

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

Other Adult in Home
Name: _____
Please Print

Other Adult in Home
Signature: _____ Date: _____

CHILDREN'S PERSONAL RIGHTS

Each child placed by the HUGS FFA in a certified family home has personal rights, which entitle him or her to be treated with dignity, foster parents and others. HUGS Certified Foster Parents are responsible for ensuring that these rights are afforded to children placed in their care. These rights will be reviewed with the foster parents and the foster children at the time of placement. **A copy of these rights must be posted in the foster home.** These rights include, but are not limited to:

- To live in a safe, healthy, and comfortable home and to be treated with respect.
- To be free from physical, sexual, emotional or other abuse, or corporal punishment.
- To be free from discrimination, intimidation, or harassment based on sex, race, color, religion, ancestry, national origin, disability, medical condition or sexual orientation or perception of having one or more of those characteristics.
- To receive adequate and healthy food and adequate clothing.
- To wear your own clothing.
- To possess and use personal possessions, including toilet articles.
- To receive medical, dental, vision, and mental health services.
- To be free of the administration of medication or chemical substances, unless authorized by a physician.
- To contact family members (unless prohibited by court order) and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASA), and probation officers.
- To visit and contact brothers and sisters, unless prohibited by court order.
- To contact the CCL Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially and to be free from threats or punishments for making complaints.
- To be informed by the caregiver of the provisions of the law regarding complaints.
- To make and receive confidential telephone calls and send and receive unopened mail (unless prohibited by court order).
- To attend religious services and activities of your choice.
- To maintain emancipation bank account and manage personal income, consistent with your age and developmental level, unless prohibited by the case plan.
- To not be locked in any room, building, or facility premises, unless placed in a community treatment facility.
- To not be placed in any restraining device, unless placed in a postural support and if approved in advance by the licensing agency or placement agency.
- To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with your age and developmental level.
- To work and develop job skills at an age appropriate level that is consistent with state law.
- To have social contacts with people outside of the foster care system, such as teachers, church members, mentors, and friends.
- To attend Independent Living Program classes and activities if you are 16 or older.
- To attend court hearings and speak to the judge.
- To have storage space for private use.
- To review your own case plan if you are over 12 years of age and to receive information regarding out-of-home placement and case plan, including being told of changes to the plan.
- To be free from unreasonable searches of personal belongings.
- To have all your juvenile court records be confidential (consistent with existing law).

Reference: California Code of Regulations - Foster Family Homes Regulations, Section 89372; Group Homes Regulations, Section 84072; Small Family Homes Regulations, Section 83072.

**CHILDREN'S PERSONAL RIGHTS
SIGNATURE PAGE**

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

Other Adult in Home
Name: _____
Please Print

Other Adult in Home
Signature: _____ Date: _____

WEAPONS POLICY AND AGREEMENT

It is a HUGS Foster Family Agency requirement that any and all weapons of any type be kept unloaded, in a locked cabinet. In addition, any ammunition must be stored separately from the weapon.

Please sign and date **ONE (1)** of the following statements:

I, _____, **DO NOT HAVE** guns and/or dangerous weapons in my home or on the premises. If I do acquire any such weapons, I will immediately notify the HUGS Foster Family Agency and I understand that I must comply with the HUGS Foster Family Agency policy regarding weapons.

Applicant Name:	Please Print	
Applicant Signature:		Date: _____
Co-Applicant Name:	Please Print	
Co-Applicant Signature:		Date: _____
Other Adult in Home Name:	Please Print	
Other Adult in Home Signature:		Date: _____

OR

I, _____, **HAVE** guns and/or dangerous weapons in my home or on the premises. I understand the HUGS Policy regarding weapons and agree to maintain the weapon(s) unloaded in a locked cabinet. I further agree to store the ammunition separately from the weapon(s). I will store the ammunition at the following location:

Applicant Name:	Please Print	
Applicant Signature:		Date: _____
Co-Applicant Name:	Please Print	
Co-Applicant Signature:		Date: _____
Other Adult in Home Name:	Please Print	
Other Adult in Home Signature:		Date: _____

File in Section 3

RESPIRE POLICY

Although HUGS Foster Parents are encouraged to include foster children in all activities, we realize that sometimes this is not possible due to biological family visits, emergencies, etc.

If for some reason foster parents cannot take foster children with them on vacations, to family gatherings, to special events, etc., the Foster Parents must notify their HUGS Foster Care Social Worker at least 30 days in advance to find an appropriate respite home for the children. In case of emergencies, the foster parents must notify the HUGS Foster Care Worker as soon as possible.

If a foster parent knows of a Certified Family that might be willing to provide respite care, they should notify their HUGS Foster Care Social Worker as soon as possible so that arrangements can be made and HUGS approval is obtained.

Once a respite arrangement has been approved, foster parents may communicate with the respite provider to make arrangement for the care. It is the responsibility of the foster parents to ensure that the respite care provider understands any special needs of the foster children, including food allergies, medications, biological family visits, medical appointments etc. It is also the responsibility of the foster parent to transport the child to and from the respite home provider and to ensure that the foster children have sufficient and adequate clothing for the respite period.

After the respite is approved, the foster parents should notify the HUGS Foster Care Social Worker of any changes to the approved plan.

Respite payments are made by the agency to the foster parents providing respite. The payments are made on the 15th of the month following the respite care. Respite care rates are pro-rated based on the number of nights and the regular amount of payment for the child. The respite care payment is deducted from the monthly payment to the child's assigned family.

It is the responsibility of the foster parents to seek out other foster parents who are willing to provide respite care. Although the HUGS agency must approve all respite care, we cannot ensure that respite care will be available.

Under no circumstances shall a foster child be placed in respite care without the approval of HUGS Foster Family Agency.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

Other Adult in Home
Name: _____
Please Print

Other Adult in Home
Signature: _____ Date: _____

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

Name

Position

Facility Number

California law REQUIRES certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, YOU are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9]

The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

Signature

Date

ACKNOWLEDGEMENT OF CHILD ABUSE REPORTING REQUIREMENTS

Section 11166 of the Penal Code requires any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child care custodian” includes teachers; an instructional aide, a teacher’s aide, or a teacher’s assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; administrators and employees of public or private organizations whose duties require direct contact and supervision of children and who have been trained in the duties imposed by this article; licensees, administrators, and employees of licensed community care or child day care facilities; head start teachers; licensing workers or licensing evaluators; public assistance workers’ employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers, probation officers, or parole officers; employees of a school district police or security department; or any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

“Health practitioner” includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family and child counselors; emergency medical technicians I or ii, paramedics, or other persons certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family, and child counselor trainees as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; unlicensed marriage, family, and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other conditions; coroners; paramedics; and religious practitioners who diagnose, examine, or treat children.

Reporting Procedure

Mandated reporters shall report suspected instances of child abuse immediately or as soon as possible by telephone to the County of Orange Social Services Agency’s Child Abuse Registry at (714) 940-1000.

Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist, as required by this article, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than one thousand dollars (\$1000) or by both.

Statement of Acknowledgement

I hereby acknowledge that I have read Section 11166 of the Penal Code above and that so long as I am employed by the contractor named below, in the provision of services covered by an agreement between the contractor and the County of Orange Social Services Agency ,that I will comply with its provisions.

Foster Parent (s) Signature

Date

Print Name (s)

Date

Agency: HUGS Foster Family Agency

File Section 3

REQUIRED DOCUMENTS AND TRAINING ACKNOWLEDGEMENT

A. I understand that as a HUGS certified foster parent, I must maintain current and valid documentation regarding:

- ✓ Vehicle Inspection(s), Registration(s), and Insurance of my Vehicle(s).
- ✓ Driver's License(s)
- ✓ First Aid and CPR Training
- ✓ Home Owners/Renters Insurance
- ✓ Other documents required for certification, including information regarding an available babysitter.

****As documents expire, I will provide HUGS Foster Family Agency current and valid copies of the above. _____ Initials**

B. I also understand that as a HUGS certified foster parent and driving a personal vehicle, I will insure the following items are in place at all times:

- ✓ I will carry in my vehicle evidence of current liability insurance for at least the minimum amount prescribed by state law.
- ✓ Maintain the vehicle in safe mechanical condition.
- ✓ Require all persons in the vehicle to wear seat belts.
- ✓ Require all children to be transported in safety seats that meet current Federal and State safety standards.

_____ Initials

C. I also acknowledge that as a HUGS foster parent I must complete a minimum of 15 training hours per year or 27 training hours per year for a designed Medically Fragile home. I will attend such mandatory trainings as required by HUGS Foster Family Agency. I understand my re-certification could be affected by not completing the 15 or 27 hours of training per year.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

File in Section 3

BABYSITTER REGULATIONS

It is the policy of HUGS, and a state regulation, that foster children receive 24-hour supervision. Children may not be left unsupervised in any situation.

Occasional Baby Sitters

Foster parents are free to choose adults (18 years or older) to act as occasional babysitters as the need may arise from time to time. The following rules apply for occasional baby-sitters:

Foster parents are required to use a reasonable and prudent standard in determining and selecting appropriate babysitters for occasional short-term use. "Reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interest. "Short-term" means no more than 24 consecutive hours. Foster parents must provide occasional baby-sitters:

- Information about the child's emotional, behavioral, medical or physical conditions, if any, necessary to provide care for the child during the time the foster child is being supervised by the babysitter;
- Any medication that should be administered to the foster child during the time the foster child is being supervised by the babysitter; and
- Emergency contact information that is valid during the time the foster child is being supervised by the babysitter.

Authorized Caregivers

In addition to occasional babysitters some foster homes may require authorized caregivers. These are adults who meet the requirements for occasional babysitters, but due to the circumstances of the foster home, must also pass criminal background checks, receive specialized training, and be approved by HUGS Foster Family Agency to provide regular and special care for foster children when the foster parents are absent. Such caregivers are necessary in foster homes that accept medically fragile children, when the foster parents are away from the foster children for activities such as school or work, and in similar circumstances. The need for an authorized caregiver is determined according to the circumstances of each foster family. It is the responsibility of the foster parents, in collaboration with their assigned social workers, to inform Hugs Foster Family Agency of conditions in their home that may require the designation of an authorized caregiver.

I understand the requirements of babysitters and authorized caregivers as explained above. I understand that I must keep HUGS Foster Family Agency informed regarding any changes that may require the naming of a permanent Authorized Caregiver.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

File in Section 10

TERRA MANOR, INC.



DIRECTIONS

Please print out directions from HUGS Foster Family Agency to your house via Map Quest and submit along with your paperwork.

Our address is:

27525 Enterprise Circle West
Temecula, CA 92590

Thank you.