Rule Summary and Fiscal Analysis
Part A - General Questions

Rule Number: 5101:2-5-24

Rule Type: Amendment

Rule Title/Tagline: Foster home recertifications.

Agency Name: Department of Job and Family Services

Division: Division of Social Services

Address: OFC- 4200 E. 5th Ave., 2nd fl. L2-01 P.O. Box 183204 Columbus OH 43218-3204

Contact: Michael Lynch **Phone:** 614-466-4605

Email: Michael.Lynch@jfs.ohio.gov

I. Rule Summary

1. **Is this a five year rule review?** Yes

    A. **What is the rule's five year review date?** 3/19/2020

2. **Is this rule the result of recent legislation?** No

3. **What statute is this rule being promulgated under?** 119.03

4. **What statute(s) grant rule writing authority?** 5103.03, 5103.18

5. **What statute(s) does the rule implement or amplify?** 2151.86, 5103.02, 5103.03, 5103.18

6. **What are the reasons for proposing the rule?**

    This rule is proposed for amendment due to the five year review and rule updates as a result of the Family First Prevention Services Act.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

    This rule provides guidance to agencies on the re-certification requirements for foster caregivers. Paragraph (E)(3) and (E)(4) were added to comply with the immunization

requirement of the Family First Prevention Services Act. Paragraph (H)(2)(b) was amended to remove the physical reporting form for foster home recommendations. All agencies can now submit through the SACWIS system. Language was reorganized in paragraph (G) for clarity purposes.

8. **Does the rule incorporate material by reference?** Yes

9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

   This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.75(A)(1)(d).

   This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the ORC because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.75 (A)(1)(a).

   This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at http://innerapp.odjfs.state.oh.us/forms/inner.asp or on the inter-net at http://www.odjfs.state.oh.us/forms/inter.asp in accordance with RC 121.75(B)(4).

10. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

    Not Applicable

II. Fiscal Analysis

11. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

    This will have no impact on revenues or expenditures.

    0.00

    No expected fiscal effects on current or future budgets.

12. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

    Agencies must adhere to requirements for the re-certification of foster homes every two years. The report is required to be completed by an assessor who must evaluate the home for continued compliance with foster homes rules which includes things such as criminal background checks, safety audits and financial stability. The updates to this rule require minimal financial impact, including the time needed to add documentation of vaccination updates to the foster parent file.

13. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B).** No

14. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C).** No

15. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

    Not applicable.

III. Common Sense Initiative (CSI) Questions

16. **Was this rule filed with the Common Sense Initiative Office?** Yes

17. **Does this rule have an adverse impact on business?** Yes

    A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business?** Yes

       Certification and re-certification of an agency by the Ohio Department of Job and Family Services is contingent, in part, upon compliance with this rule.

    B. **Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms?** Yes

       Lack of compliance can result in revocation of an agency's certification or denial of re-certification.

    C. **Does this rule require specific expenditures or the report of information as a condition of compliance?** Yes

There is a requirement to report information to ODJFS. An assessor of the agency would evaluate a foster home based on the safety, medical and physical components of the caregiver and their home in order to insure the well being of children in care.

D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? Yes

The updates to this rule require minimal financial impact, including the time needed to add documentation of vaccination updates to a new foster parent file.

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

A. How many new regulatory restrictions do you propose adding?

Not Applicable

B. How many existing regulatory restrictions do you propose removing?

Not Applicable

Ohio Department of Job and Family Services

SAFETY AUDIT

Name of Caregiver #1	Name of Caregiver #2	
Address	Name of Caregiver #3 (if applicable)	Provider ID
Name of Agency	☐ Initial Foster/Adopt ☐ Recertification / Update	☐ Relocation / Renovation ☐ Other _____

All items listed can be found in rule 5101:2-7-12 of the Administrative Code.

1.	The home and all structures associated with the home are maintained in a clean, safe, and sanitary condition and in a reasonable state of repair.	☐ Yes ☐ No
2.	Swimming pool has barriers on all sides, access through the safety barrier equipped with a safety device such as a bolt lock, a life saving device such as a ring buoy and a working pump if it cannot be emptied after each use.	☐ Yes ☐ No ☐ N/A
3.	Hot tub and spas have a safety cover which is locked when not in use.	☐ Yes ☐ No ☐ N/A
4.	Outdoor recreation equipment on the grounds of the home is maintained in a safe state of repair.	☐ Yes ☐ No ☐ N/A
5.	Potentially hazardous outdoor areas on the grounds of or immediately adjacent to the home are reasonably safeguarded.	☐ Yes ☐ No ☐ N/A
6.	The home is adequately heated, lighted and ventilated.	☐ Yes ☐ No
7.	Bleach, cleaning materials, other poisonous or corrosive household chemicals, flammable and combustible materials, potentially dangerous tools/utensils, and electrical equipment, machinery or alcoholic beverages in or on the grounds of the home are stored in a safe manner that prevents the child's access, as appropriate for his or her age and development.	☐ Yes ☐ No
8.	Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the home are stored in an inoperative condition in a locked area inaccessible to children.	☐ Yes ☐ No ☐ N/A
9.	Ammunition, arrows or projectiles for weapons are stored in a locked area separate from the weapon.	☐ Yes ☐ No ☐ N/A
10.	There is reasonable access to a working phone for emergency situations	☐ Yes ☐ No
11.	Emergency telephone numbers posted: ☐ Fire ☐ Police ☐ Squad/Rescue ☐ Poison Control ☐ Recommending Agency ☐ Placing Agency	☐ Yes ☐ No
12.	All locks on at least one door to any room or walk in storage area inside the home in which a person could become confined, and from which the only other means of exit requires the use of a key, shall be able to be unlocked from either side.	☐ Yes ☐ No
13.	The home has a continuous supply of safe drinking water. If well water is used for drinking and cooking, it was tested and approved by the health department prior to initial certification (and annually thereafter for foster care)	☐ Yes ☐ No
14.	The home has working bathroom and toilet facilities located within the home and connected to an indoor plumbing system.	☐ Yes ☐ No
15.	The home ensures proper water heater temperature of 110-120 degrees Fahrenheit.	☐ Yes ☐ No
16.	Garbage shall be disposed of on a regular basis. Garbage stored outside shall be in covered containers or closed bags.	☐ Yes ☐ No
17.	The home has a working smoke alarm approved by "Underwriter's Laboratory" or a certified fire inspector on each level of occupancy and at least one alarm near all sleeping areas.	☐ Yes ☐ No
18.	The home has a working carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas.	☐ Yes ☐ No
19.	The home has first aid supplies.	☐ Yes ☐ No

20.	The home has a written evacuation plan for evacuating the home or seeking shelter in the event of fire, tornado or other disaster.	☐ Yes ☐ No
21.	The evacuation plan contains a primary and alternate escape for each floor, and the escape routes are kept free of clutter and other obstructions.	☐ Yes ☐ No
22.	All heaters used in the home are approved by "Underwriter's Laboratory" or a certified fire inspector and are equipped with safeguards in accordance with age and functioning level of foster children in the home. Unvented heaters that burn kerosene or oil are not used.	☐ Yes ☐ No ☐ N/A
23.	The home has an "Underwriter's Laboratory" approved or certified fire inspector approved portable fire extinguisher in working order in or near the cooking area of the home.	☐ Yes ☐ No
24.	The home is free from rodents and insect infestation.	☐ Yes ☐ No
25.	Pets or domestic animals in or on the premises of the home are kept in a safe and sanitary manner in accordance with state and/or local laws.	☐ Yes ☐ No ☐ N/A
26.	Interior and exterior stairways accessible to children are protected by child safety gates or doors according to the child's age and functioning level.	☐ Yes ☐ No ☐ N/A
27.	The foster home provides a smoke free environment for foster children.	☐ Yes ☐ No
28.	The foster home is free of peeling or chipping paint.	☐ Yes ☐ No
29.	All prescription drugs in a home are stored in a locked cabinet or storage area except that an inhaler or medication may be left unlocked if a person has a special health condition that requires it to be immediately available.	☐ Yes ☐ No ☐ N/A
30.	Each foster child's bedroom has an outside wall window that is screened and capable of opening and closing, unless the room has a fresh air ventilation system.	☐ Yes ☐ No
31.	Bedrooms for foster children accommodate no more than four children.	☐ Yes ☐ No
32.	Bedrooms for foster children provide reasonable access to an emergency exit.	☐ Yes ☐ No
33.	Bedrooms for foster children are not located on a floor higher than the second floor or in a basement unless approved in writing by a fire safety inspector.	☐ Yes ☐ No ☐ N/A
34.	A bunk bed in use for a foster child is equipped with safety rails on the upper tier for a child under the age of ten years, or an older child who needs such protection.	☐ Yes ☐ No ☐ N/A
35.	Cribs used for children under two years of age or under 35 inches in height are: • full-sized • slats no more than 2 3/8 inches apart • no decorative cutout areas on end panels which could entrap a child's head • compliant with the U.S Consumer Product Safety Commission • mattress is at least 1½ inches thick and covered with a waterproof material • mattress is close enough to the frame that there is no more than one inch between the mattress and sides of the crib	☐ Yes ☐ No ☐ N/A ☐ Will Obtain Crib Manufacture Date: _____
36.	If a bassinet is used, it is used only for infants less than 15 lbs. in weight.	☐ Yes ☐ No ☐ N/A
37.	All vehicles used to transport foster children are covered by liability insurance in accordance with current state laws.	☐ Yes ☐ No ☐ N/A
38.	In accordance with the age and weight of foster children placed in the home, child restraint seats or booster seats are available for use in vehicles used to transport foster children.	☐ Yes ☐ No ☐ N/A ☐ Will Obtain

Assessor and Supervisor Action: Check one or both boxes below and sign indicating approval or need for a fire safety inspection

I. ☐ I certify that based on my observations of this home on this date, this home appears to be reasonably safe for placement of a foster or adoptive child (ren).

II. ☐ Based on my observations of this home on this date, the required fire inspection will need to be completed before a decision can be made regarding the safety of the home.

Assessor Signature	Date
Supervisor Signature	Date

Date Fire Safety Inspection Was Conducted

Note: Completion of this form is required by Chapter 5101:2-5 and Chapter 5101:2-48 of the Ohio Administrative Code.

Ohio Department of Job and Family Services

INSTRUCTIONS FOR COMPLETING JFS 01653, MEDICAL STATEMENT FOR FOSTER CAREGIVER/ADOPTIVE APPLICANT AND ALL HOUSEHOLD MEMBERS

USING THIS FORM

- This form is used to determine the suitability of an applicant to be a foster caregiver or adoptive home.

SECTION I

- This section is to be completed for each applicant and each household member. Each individual or parent/legal guardian will complete the information and sign the form. No other signatures are necessary for this section.

SECTION II

- This section is only for applicants and not for household members. A physical exam is required and must be completed by a licensed physician, physician assistant, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife.

.

Ohio Department of Job and Family Services

APPLICATION FOR CHILD PLACEMENT

AGENCY USE ONLY		
Agency	Assessor	Date Completed Application Received

Applicant #1 Name *(Please Print)*				Applying to	Email Address
First	Middle	Last	Maiden	☐ Foster	Cell Phone #
				☐ Adopt	Work Phone #
Applicant #2 Name *(Please Print)*				Applying to	Email Address
First	Middle	Last	Maiden	☐ Foster	Cell Phone #
				☐ Adopt	Work Phone #

Street Address	City	State	Zip Code	County

Home Phone #	Fax #	Emergency Contact Name	Emergency Contact Phone #

HOUSEHOLD MEMBERS (Add another sheet if necessary)

	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name						
Relationship to Applicant #1						
Date of Birth						
Race*						
Ethnic Background*						
School Grade Completed						
Area of Specialized Education			Directions to your home from the Agency			
Marital Status (if married, date of marriage)						
Employer or Source of Income						
How Long with this Employer						
Occupation						
Gross Annual Income						
Days/Hours of Work (in normal work week)						
Driver's License Number						

* For statistical purposes only

SLEEPING ARRANGEMENTS (Indicate where all household members sleep, and where foster/ adopted children will sleep) ***If you will obtain a crib at the time an infant is placed in the home, please indicate that below**			
BEDROOM	**FLOOR/LEVEL**	**OCCUPANT(S)**	**TYPE OF BED(S): Crib*, Twin, Full, Bunk, etc. (If bunk, indicate upper - U or lower - L)**
1			
2			
3			
4			
5			
6			

Does any family member smoke? ☐ Yes ☐ No Is smoking allowed in the house? ☐ Yes ☐ No

Are there any pets in the home? ☐ Yes ☐ No If yes, list/describe:

Do pets meet local safety requirements (Vaccinations, licenses, vicious animal restrictions, etc.)? ☐ Yes ☐ No

Comments

Does applicant operate a business from the residence? ☐ Yes ☐ No Explain:

If yes, is business child care, adult day care or a rooming house? ☐ Yes ☐ No

Describe impact of home business on foster care/adoption plan:

VEHICLES ☐ One car ☐ Two or more cars ☐ Truck/SUV ☐ Van ☐ Recreational Vehicle ☐ Motorcycle ☐ Other

Are vehicles in operable condition? ☐ Yes ☐ No If no, explain

Are there infant car seats? ☐ Yes ☐ No ☐ Will Obtain Are there toddler car seats? ☐ Yes ☐ No ☐ Will Obtain

Do you have proof of insurance for all vehicles? ☐ Yes ☐ No Name of Insurance Company?

Is the home on or within comfortable walking distance of public transportation system (bus, etc.)? ☐ Yes ☐ No

If yes, distance to nearest transit or bus stop

Describe transportation plan if family does not own an operating vehicle or live on or within walking distance of a bus stop

MILITARY HISTORY (For any household member with military history)				
Name	Branch	Date Entered	Date Discharged	Type of Discharge
				☐ Honorable ☐ Other
				☐ Honorable ☐ Other
Explain if other than honorable discharge				

CRIMINAL HISTORY (Documentation verifying compliance must be received for all convictions)					
Does any household member, including juveniles 12 - 18 years of age, have a criminal history? ☐ Yes ☐ No If yes, explain below					
Name	**Offense**	**City and State**	**Convicted? Approx. Date of Conviction/ Adjudication**	**Sentence**	**On probation? Date of release from probation?**
			☐ Yes ☐ No Date?		☐ Yes ☐ No Date?
			☐ Yes ☐ No Date?		☐ Yes ☐ No Date?
			☐ Yes ☐ No Date?		☐ Yes ☐ No Date?
Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs? ☐ Yes ☐ No If yes, please list each incident below					

APPLICANT RESIDENTIAL, EMPLOYMENT, AND MARITAL HISTORY (Add extra sheets if necessary)		
Residential History	**Applicant #1 List residences for the last 10 years**	**Applicant #2 List residences for the last 10 years**
Date moved to current residence		
Previous address city and state Date moved to this city/state		
Previous address city and state Date moved to this city/state		
Previous address city and state Date moved to this city/state		
Employment History	**Applicant #1 List employers for the last 10 years:**	**Applicant #2 List employers for the last 10 years:**
Present employer Job title Length of time with present employer		
Previous employer Job title Dates of employment		
Previous employer Job title Dates of employment		
Marriage/Relationship History	**Applicant #1**	**Applicant #2**
Previous marriage/significant relationship to Date marriage or relationship began Date of separation Date of legal termination		
Previous marriage/significant relationship to Date marriage or relationship began Date of separation Date of legal termination		

TYPE OF CHILD YOU WOULD CONSIDER (Check all that apply)

Age

0 - 2	☐ Will Consider	☐ Will Not Consider
3 – 5	☐ Will Consider	☐ Will Not Consider
6 - 8	☐ Will Consider	☐ Will Not Consider
9 - 11	☐ Will Consider	☐ Will Not Consider
12 - 15	☐ Will Consider	☐ Will Not Consider
16 - 18	☐ Will Consider	☐ Will Not Consider

Gender

Male	☐ Will Consider	☐ Will Not Consider
Female	☐ Will Consider	☐ Will Not Consider

Number of Children

One	☐ Will Consider	☐ Will Not Consider
Two	☐ Will Consider	☐ Will Not Consider
Three or more	☐ Will Consider	☐ Will Not Consider
Teen Parent w/Child	☐ Will Consider	☐ Will Not Consider

Child Specific

If you are applying to foster or adopt a specific child(ren), put his/her name(s) here

Is this child related to you by blood or marriage? ☐ Yes ☐ No

If applicable, specify relationship

EXPERIENCE WITH CHILDREN

Have you ever applied for or been certified as a foster caregiver in this state or any other state? ☐ Yes ☐ No

Have you ever applied for or been approved to adopt a child in this state or any other state? ☐ Yes ☐ No

If you answered yes to either of these questions, identify the agency involved, as well as their address or other contact information. Please include when you applied, when you were certified or approved, and discuss your experiences. If you applied or were certified or approved with more than one agency, please list all agencies and contact information here.

Has any household member ever applied for or been certified/approved for foster care or adoption in this state or any other state?
☐ Yes ☐ No If yes, please identify who in your home applied or was certified/approved, and what agency they were associated with.

Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes there are challenges. Please tell us about any contact any applicant or household member has had with a child welfare agency (Children Services, Child mental health facility, community child serving agencies, etc.). Please give the name of the agency, approximate dates of contact and what the contact involved. Include both positive and negative experiences.

☐ Check here if you have no experience with child welfare agencies

Describe your experience with children other than your own. This may include employment and/or volunteer work. Please include contact information as well, so that they may be reached for information.

REFERENCES

The state requires two non-relative references from people who do not live with you. One additional reference must be from a relative. Some agencies require additional references. If the agency has filled in the blanks below, it has requirements that go beyond the state rule, and you will need to supply that number of references. If the spaces are empty, please supply the information for two non-relative references and one relative who do not live with you.
# of references required by the agency completing the homestudy

Name	Relationship	Address	Phone #	Email Address

ADULT CHILD REFERENCES

The state requires references from all adult children of the applicant(s) regardless of where they live or the amount of contact they have with the applicant. Please complete the following information for all adult children of all applicants.

Name	Relationship	Address	Phone #

STATEMENT OF UNDERSTANDING

- I understand that this is an application only and that additional documents will be required. This will include medical statements, background checks, safety audit of the home, fire inspection, references, and other information requested by the agency. Failure of an applicant to provide required information or documentation in a timely manner will render this application incomplete and the agency's file on the application will be closed.
- I agree to complete orientation and preplacement training as required by the agency. Failure to attend required training will render this application incomplete and the agency's file on the application will be closed.
- I understand this application does not represent a final commitment by either party. Any placement of a child will be by mutual agreement.
- I certify that the information contained in this application is accurate and complete to the best of my knowledge.
- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges, I will notify the agency promptly, within 24 hours or the next working day.
- I give permission to the agency to contact my adult children for information applicable to the foster care and/or adoption assessment.
- I give permission to the agency to contact any personal references I provide to them for information applicable to the foster care and/or adoption assessment.

- I give permission to the agency to contact any other agency or association for information regarding any work with children or any care or supervision of children provided by myself or another household member.
- I give permission to the agency to contact any other agency for information and/or documentation regarding a previous application, certification, or approval for foster care or adoption.
- I give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).
- I certify that I have been given access to or a copy of the rules and/or policies applicable to the program to which I am applying (Chapter 5101:2-5, Chapter 51012-7 and/or Chapter 5101:2-48 of the Administrative Code).
- Applications for a foster home certificate cannot be accepted for a residence that is licensed, regulated, operated under the direction of, or otherwise certified as a facility to care for unrelated persons, by the Ohio Department of Education, a local board of education, the Ohio Department of Mental Health and Addiction Services, a community alcohol, drug addiction and mental health services board, the Ohio Department of Developmental Disabilities, a county board of developmental disabilities, the Ohio Department of Health or a juvenile court.
- A person seeking to provide foster care or to adopt who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.031 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records. I understand that providing false information during the homestudy process will prevent the agency from considering my home for placement of a child and may be grounds for revocation of a foster home certificate and/or denial of adoption approval.

STATEMENT OF ASSURANCES

- Applicants shall not use corporal or degrading punishment.
- Applicants shall not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.
- Applicants and their guests shall not smoke in the foster home, in any vehicle used to transport the child, or in the presence of the child in foster care.
- Applicants shall adhere to the agency's reasonable and prudent parent standard.
- Applicants shall agree to comply with their roles and responsibilities as discussed with the agency once a child is placed in their care.

Applicant Name *(please print)*	Signature	Date
Applicant #1		
Applicant #2		

Please tell us how you were referred to this agency.

Note: Completion of this form is required in order for the agency to carry out its obligations under Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48 of the Administrative Code. Your application cannot be processed unless this form is completed in its entirety.

Ohio Department of Job and Family Services

MEDICAL STATEMENT FOR FOSTER CAREGIVER/ADOPTIVE APPLICANT AND ALL HOUSEHOLD MEMBERS

Section I – For all applicants and household members.

Name (*LAST, FIRST, MIDDLE*)	Date of Birth
Address (*Street, City, State and ZIP*)	

1. Have you had treatment for a serious or chronic illness? ☐ Yes ☐ No

   Have you been hospitalized in the past five years? ☐ Yes ☐ No

   Have you ever received, or been advised to seek, mental health services? ☐ Yes ☐ No

   Have you ever received, or been advised to seek, treatment for alcohol or substance abuse? ☐ Yes ☐ No

   If any are checked, please explain: _____

2. Have you or your parents, grandparents, or siblings had any of the following? (*Check all that apply and indicate whom*)

   ☐ Arthritis _____
   ☐ Asthma _____
   ☐ Cancer _____
   ☐ Epilepsy _____
   ☐ Diabetes _____
   ☐ Heart Disease _____
   ☐ Hypertension _____
   ☐ Kidney Disease _____
   ☐ Tuberculosis _____
   ☐ Ulcers _____

   If any are checked, please explain: _____

3. Is there a history of other hereditary disease? ☐ Yes ☐ No

   If yes, please explain: _____

Attach an official copy of the individual's immunization record as applicable to the requirement of childhood immunizations (children living in the home), pertussis immunizations (everyone in home caring for infants), or annual flu immunization (everyone in home caring for infants and any age child with medical needs).

There are exemptions available to the immunization requirements pursuant to rule 5101:2-5-20. Please list all required immunizations which the person listed above has not received and whether it is medically contraindicated, medically inappropriate, or declined by the individual/parent.

☐ I have declined immunizations for the person listed at the top of this form for reasons of conscience, including religious reasons.

I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct.

Signature of applicant, household member or parent/legal guardian	Date

Section II – For applicants only.

Date you completed the physical examination of this individual:	Date you last treated this individual:
Do you provide services to this individual: ☐ Regularly ☐ Occasionally ☐ First Time	

Please respond to each of the following to the best of your knowledge:

1. Does this individual suffer from an illness, including a communicable disease, that would be detrimental to the care of a foster/adoptive child placed in his/her home? ……..…… ☐ Yes ☐ No

2. Are there any chronic or serious disorders for which this individual has received treatment? ……..…… ☐ Yes ☐ No

3. Is this individual currently taking medication? ……..……..…… ☐ Yes ☐ No

4. Is this individual experiencing any physical, behavioral or emotional problems that would be detrimental to a foster/adoptive child placed in his/her home? ……..……... ☐ Yes ☐ No

5. Have you ever referred this individual to other medical services, mental health services or treatment for alcohol/substance abuse? ……. ☐ Yes ☐ No

If the answer to any of the above questions is YES, please explain: _____

_____

_____

(For foster/adoptive applicant only, please complete)

Please state your professional opinion regarding this individual's suitability as a foster/adoptive parent from the standpoint of health, considering the individual's medical history as given on the reverse side of this form and from knowledge you have of the individual. _____

_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct. I further authorize the physician completing this form to release any information he/she may have concerning my physical or mental health to:

_____

(*Name of Agency*)

Signature of Applicant	Date

Signature:	Date	Name (Print or Type):	
Please check one of the following: ☐ Licensed Physician ☐ Physician Assistant ☐ Clinical Nurse Specialist ☐ Certified Nurse Practitioner ☐ Certified Nurse-Midwife		Work Address:	
		Work Phone Number:	State License Number:

NOTE: Completion of this form is required pursuant to Ohio Administrative Code Rules 5101:2-5-20 or 5101:2-48-07.