

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-7-02

Rule Type: Amendment

Rule Title/Tagline: General requirements for foster caregivers and applicants.

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?** 2151.86, 5103.03, 5103.0319, 5103.0327
5. **What statute(s) does the rule implement or amplify?** 2151.86, 5103.02, 5103.03, 5103.0319, 5103.0327
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 on the requirements of a foster caregiver to become certified. Paragraph (A) was amended to reduce the minimum age of a foster caregiver to eighteen years old. Paragraph (B) was amended to bring the existing paragraph into compliance with the Family First Prevention Services Act by clarifying the minimum standards for functional literacy and communication for the caregiver. Paragraph (F) was amended to require a physical exam for foster caregiver applicants. A new paragraph (H) and (I) were added to require immunizations. Paragraphs (J) and (K) were amended to clarify rehabilitation standards. A new paragraph (O) was added to require a check of the national sex offender database for foster caregivers and adult household members. A new paragraph (CC) was added to ensure compliance of the foster caregiver with the assurances listed on the JFS 01691.

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.**

Paragraphs (I)(2) and (I)(3) were revised to removed the word "child" and insert the word "individual." No other changes were made.

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?**

Future foster caregivers may incur costs in securing required immunizations, although the cost of compliance can vary on a case by case basis.

- 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? No**

- 17. Does this rule have an adverse impact on business? No**

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

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? No

C. Does this rule require specific expenditures or the report of information as a condition of compliance? No

- 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? No

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
**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.

APPLICATION FOR CHILD PLACEMENT

AGENCY USE ONLY		
Agency	Assessor	Date Completed Application Received

Applicant #1 Name <i>(Please Print)</i>				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Applicant #2 Name <i>(Please Print)</i>				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					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
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> 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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 3 - 5 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 6 - 8 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 9 - 11 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 12 - 15 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 16 - 18 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |

Gender

- | | | |
|--------|--|--|
| Male | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Female | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |

Number of Children

- | | | |
|---------------------|--|--|
| One | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Two | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Three or more | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Teen Parent w/Child | <input type="checkbox"/> Will Consider | <input type="checkbox"/> 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 <i>(please print)</i>	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.

**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/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: _____

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: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> 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: <div style="text-align: center; margin-top: 20px;">_____</div> <div style="text-align: center; margin-top: 5px;"><i>(Name of Agency)</i></div>	
Signature of Applicant	Date

Signature:	Date	Name (Print or Type):	
Please check one of the following: <input type="checkbox"/> Licensed Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Certified Nurse Practitioner <input type="checkbox"/> 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.

AGENCY USE ONLY		
Agency	Assessor	Date Completed Application Received

Applicant #1 Name (Please Print)				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Applicant #2 Name (Please Print)				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					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
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> 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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 3 - 5 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 6 - 8 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 9 - 11 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 12 - 15 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 16 - 18 | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |

Gender

- | | | |
|--------|--|--|
| Male | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Female | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |

Number of Children

- | | | |
|---------------------|--|--|
| One | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Two | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Three or more | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Teen Parent w/Child | <input type="checkbox"/> Will Consider | <input type="checkbox"/> 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

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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.

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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 <i>(please print)</i>	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.