

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

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**FOSTER CARE PLACEMENT/CASE MANAGEMENT AND ADOPTION
SUPPLEMENTAL APPLICATION**

1. Applicant _____

Address _____

2. Total number of licensed foster homes _____ Total number of licensed beds _____

Maximum number of children per home _____ Age range of foster children _____

3. Foster parents are: Employees Independent contractors

4. Do foster parents carry individual insurance? Yes No

If yes, do you obtain Certificates of Insurance? Yes No

5. Who licenses the foster homes? _____

Do you certify the foster homes? Yes No If yes, what criteria is used to rate and accept a foster home?

If no, who certifies and licenses the foster homes?

6. What type of background check (i.e. criminal, reference) is done to qualify a foster parent?

7. How often do social workers and/or case workers visit a foster home? _____

8. Do you provide foster care case management? Yes No

If yes, how many foster care case managers provide services on your behalf? _____

How many cases were handled during the last calendar year? _____

What are the estimated number of cases for the current calendar year? _____

9. Do you provide adoption services? Yes No

If yes, provide the number of: Domestic adoptions _____ International adoptions _____

If international adoptions are provided, from what countries are children received?

Please retain a copy of the completed application.

SUPP APP FC (10/09)