



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.