

TERRA MANOR, INC.



CONGRATULATIONS! On your decision to join the HUGS Team

It is our belief that every child deserves to live in a safe, loving, and stable home that provides the child with basic physical amenities, nurturing, and emotional support. They deserve to have parents who will care for them with dignity in a kind and respectful manner and who will provide them direction to enhance their future success.

In addition, we believe that those that choose to parent foster children deserve to receive training to meet the specific needs of all children in their care and to receive the support needed to parent the children.

Although foster parenting can be demanding, you will not be alone. Our staff of social workers, medical professionals, and placement coordinators will work with you to meet the needs of the individual child or children in your care.

The first step in becoming a HUGS Certified Foster Parent is the certification process. The initial phase of this process is the completion of the application. Other requirements for foster parents are listed in the Certification Forms Checklist. The Required Documents Acknowledgement and signed forms listed in the Certification Forms Checklist must be submitted with the application. A Certification Forms checklist is included for your convenience to track your progress in obtaining the needed documents for certification.

If you have any questions regarding the completion of the application or the items to be submitted with the application please do not hesitate to contact me at (951) 695-0888 X 406 or Jeanne Faught at (951) 695-0888 X 408.

Sincerely,

Jeanne Faught

Jeanne Faught, MA
Program Manager, Family Service Development

**H.U.G.S. FOSTER FAMILY
AGENCY APPLICATION – LIC #336410900**

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

Ethnicity

Applicant: _____

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)

****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)

****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)

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:

| 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)

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:

| 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

HOME/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 # Required for everyone |
|------|--------------|------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DRIVERS

(List all household members with drivers licenses)

****PLEASE SUBMIT COPIES OF DRIVERS LICENCES**

| Name | Relationship | Driver's License # |
|------|--------------|--------------------|
| | | |
| | | |
| | | |

OTHERS LIVING IN THE HOME

| Name | Relationship | Birth Date | Social Security# Required for everyone | Status Temporary or permanent Resident |
|------|--------------|------------|---|---|
| | | | | |
| | | | | |
| | | | | |

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> |
|--|---------------|
| House payment/rent | \$ |
| 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: | \$ |

PERSONAL REFERENCES (Applicant)

Please list names and complete addresses, including zip code and phone numbers, of FOUR (4) people unrelated to you, whom you have known for at least three (3) years. Please make sure the address is their current and correct mailing address. *

1. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

2. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

3. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

4. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

* NOTE: You cannot be certified until we receive your references

PERSONAL REFERENCES (Co - Applicant)

Please list names and complete addresses, including zip code and phone numbers, of **FOUR (4)** people unrelated to you, whom you have known for at least **three (3) years.** Please make sure the address is their current and correct mailing address. *

5. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

6. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

7. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

8. Name: _____

Address: _____

Phone Number: () _____ Cell Number: () _____

Relationship: _____

* NOTE: You cannot be certified until we receive your references

**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 SCHEDULE

Applicant: _____

School/Employer: _____

Address: _____

Phone Number: _____

Approximate distance
from home: _____

Days: _____

Hours: _____

Co-Applicant/Other
Adult: _____

School/Employer: _____

Address: _____

Phone Number: _____

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, H.U.G.S. 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: _____

APPLICATION HEALTH REPORT (Applicant)

Name: _____ Date: _____

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

Primary Care 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: _____

APPLICATION HEALTH REPORT (Co-Applicant)

Name: _____ Date: _____

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

Primary Care 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: _____

H.U.G.S. Foster Family Agency Policies

The H.U.G.S. 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 H.U.G.S. 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 H.U.G.S. 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.

H.U.G.S. Foster Family Agency Policies

Children will not be denied food, shelter, clothing, sleep, toileting, or mediations 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 H.U.G.S. Foster Family Agency, restraining a child is prohibited and not a H.U.G.S. 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 H.U.G.S. Foster Family Agency Certified Home is particular to the individual needs and circumstances surrounding each child. When a child leaves a H.U.G.S. 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 H.U.G.S. 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 H.U.G.S. Foster Family Agency cannot meet the needs of the child.
6. If the placing agency decides to discontinue services.

The H.U.G.S. 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 H.U.G.S. Agency will notify the placing worker immediately and a plan for return or discharge will be made at that time.

H.U.G.S. Foster Family Agency Policies

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 H.U.G.S. social worker.
3. If the issue has not been resolved through the social worker, contact the H.U.G.S. social worker supervisor.
4. If the issue has not been resolved through the supervisor, contact the H.U.G.S. Administrator.
5. If you feel you have still not been heard, and your issue remains unresolved contact the H.U.G.S. 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: _____

**AUTHORIZATION
FOR
RELEASE OF INFORMATION**

I/We, _____
(Print Name)

authorize the release of my records concerning my certification, de-certification, and performance as a foster parent to the H.U.G.S. Foster Family Agency. The information may be released either verbally or in writing, at the discretion of the H.U.G.S. Agency.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

File in Section 3

**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 H.U.G.S. 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: _____

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: _____

CHILDREN'S PERSONAL RIGHTS

Each child placed by the HUGS Foster Family Agency in a certified family home has personal rights, which entitle him or her to be treated with dignity by staff, 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 Community Care Licensing 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.

Applicant Name: _____
Please Print

Applicant Signature: _____

Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____

Date: _____

File in Section 3

WEAPONS POLICY AND AGREEMENT

It is a H.U.G.S. 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 H.U.G.S. Foster Family Agency and I understand that I must comply with the H.U.G.S. Foster Family Agency policy regarding weapons.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

OR

I, _____, **HAVE** guns and/or dangerous weapons in my home or on the premises. I understand the H.U.G.S. 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: _____

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 H.U.G.S. Foster Family Agency.

Applicant Name: _____
Please Print

Applicant Signature: _____ Date: _____

Co-Applicant Name: _____
Please Print

Co-Applicant Signature: _____ Date: _____

File in Section 3

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

Contractor: H.U.G.S. Foster Family Agency

File Section 3

ACKNOWLEDGEMENT OF DEPENDENT ADULT/ELDER ABUSE MANDATED REPORTING REQUIREMENTS

Reporting Responsibilities

A. Physical Abuse of an Elder (age 65 or older)

Welfare and Institutions Chapter 4.5, Division 8.5, Sections 9381 (a) requires any elder care custodian, medical practitioner, nonmedical practitioner, or employee of an elder protective agency who has actual knowledge that an elder whom he or she observes in his or her professional capacity or within the scope of his or her employment has been the victim of physical abuse shall report the suspected instance of physical abuse to an elder protective agency immediately or as soon as possible by telephone and shall prepare and send a written report thereof within 36 hours.

B. Physical Abuse/Abuse Injury of a Dependent Adult (age 18-64)

Welfare and Institutions Code (WIC) Chapter 11, Division 9, Section 15630 (a) requires any dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency, who in his or her professional capacity or within the scope of his or her employment, either has actual knowledge that a dependent adult has been the victim of physical abuse, or observes a physical injury to a dependent adult under circumstances that are consistent with physical abuse, where the dependent adult's statements, or in the case of persons who have developmental disabilities, their statements or other corroborating evidence, indicate that abuse has occurred, shall report the known or suspected instance of physical abuse to the county adult protective service agency, or a local law enforcement agency immediately or as soon as possible by telephone, and shall prepare and send a written report thereof within 36 hours.

Reporting Procedure

Mandated reporters shall report suspected instance of physical abuse immediately or as soon as possible by telephone and shall prepare and send a written report thereof within 36 hours. When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of elder abuse or abuse of a dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected members of the reporting teams. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report. Telephone reports shall be made to the County of Orange, Social Services Agency's Adult Abuse Registry at (800) 451-5155.

Any person knowingly failing to report, when required, an instance of elder abuse is guilty of a misdemeanor punishable by a fine not to exceed \$1,000. Any person who fails to report, when required, an instance of dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months or fined \$1,000 or both imprisonment and fine.

Statement of Acknowledgement

I hereby acknowledge that I have read the above provisions of WIC Section 15630 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) H.U.G.S. Foster Family Agency

Lead Agency

Partner Agency/Contractor H.U.G.S. Foster Family Agency
File Section 3

REQUIRED DOCUMENTS AND TRAINING ACKNOWLEDGEMENT

A. I understand that as a H.U.G.S. 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 H.U.G.S. Foster Family Agency current and valid copies of the above.** _____ *Initials*

B. I also understand that as a H.U.G.S. 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 H.U.G.S. 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 H.U.G.S. 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

H.U.G.S. FOSTER FAMILY AGENCY

27525 Enterprise Circle West, Suite 101A
 Temecula, CA 92590
 (951) 695-0888 FAX: (951) 695-0333

VEHICLE INSPECTION CHECKLIST

| Make & Model | License Plate | Owner |
|--------------|---------------|-------|
| | | |

| ITEM | PLEASE CHECK ONE | | COMMENTS |
|------------------|------------------|--------------|----------|
| | SAFE | NEEDS REPAIR | |
| Brakes | | | |
| Emergency Lights | | | |
| Headlights | | | |
| Horn | | | |
| Seatbelts | | | |
| Tail Lights | | | |
| Tires | | | |
| Wiper Blades | | | |

I certify that an inspection was conducted on the above vehicle and the forgoing information is correct.

Mechanic's Name: _____ Date: _____
Please Print

Company Name: _____

Company Address: _____

Company Phone: _____

Mechanic's Signature: _____

File Section 5

H.U.G.S. FOSTER FAMILY AGENCY

27525 Enterprise Circle West, Suite 101A

Temecula, CA 92590

(951) 695-0888 FAX: (951) 695-0333

VEHICLE INSPECTION CHECKLIST

| Make & Model | License Plate | Owner |
|--------------|---------------|-------|
| | | |

| ITEM | PLEASE CHECK ONE | | COMMENTS |
|------------------|------------------|--------------|----------|
| | SAFE | NEEDS REPAIR | |
| Brakes | | | |
| Emergency Lights | | | |
| Headlights | | | |
| Horn | | | |
| Seatbelts | | | |
| Tail Lights | | | |
| Tires | | | |
| Wiper Blades | | | |

I certify that an inspection was conducted on the above vehicle and the forgoing information is correct.

Mechanic's Name: _____ Date: _____
Please Print

Company Name: _____

Company Address: _____

Company Phone: _____

Mechanic's Signature: _____

File Section 5

BABYSITTER REGULATIONS

It is the policy of H.U.G.S., 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 H.U.G.S. 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 H.U.G.S. 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

CERTIFICATION INFORMATION

There are certain requirements that must be met by families seeking certification by H.U.G.S. Foster Family Agency.

FORMS AND OTHER DOCUMENTS

The following documents must be submitted with your completed and signed application:

- 1) A current verification of health certificate must be submitted. The approved verification is a California Licensing form number **LIC 503** completed and signed by a doctor and containing the doctor's office stamp. This form will verify that the applicant is free of disease or physical, or mental, condition that precludes the care of children to be placed in their care. The physical examination must include a current tuberculosis test with negative results. (Form **LIC 503** is included in packet)
- 2) A vehicle safety inspection form showing that your vehicles are in safe working order must be submitted. (Form **VEHICLE INSPECTION CHECKLIST** included in packet)
- 3) Completed and signed form **LIC 508D**, Criminal Record Statement. (Form **LIC 508D** included in packet) for each adult in the home.
- 4) Successful completion of a Department of Justice criminal record, FBI, and child abuse background check. All persons in the home 18 years of age or older must submit their fingerprints for this clearance. (Instructions regarding fingerprinting, including scheduling an appointment, and form **LIC 9163** are included in the application packet)
- 5) Completion of Facility Sketch form **LIC 999**, which includes a sketch of the foster home. All rooms are to be identified and the dimensions are to be included. (Form **LIC 999** is included in the application packet)
- 6) Completion of form **LIC 610A**, Emergency Disaster Plan for Family Child Care Homes providing a plan to reunite the family in the event of an emergency must be completed and submitted with the application. (Form **LIC 610A** is included in the application packet)
- 7) Each foster parent is required to sign and date the following forms, which are included in the application packet.
 - A. Statement Acknowledging Requirements to Report Suspected Child Abuse
 - B. Statement of Non-Discrimination
 - C. Weapons Agreement
 - D. Children's Personal Rights Statement / Elder Abuse
- 8) Verification of income, such as a current pay stub or award letter, must be submitted with your application.
- 9) A current valid first aid and CPR certification for Foster Parents must be submitted.
- 10) Water Safety for all adults in the home, when there is a pool on premise
- 11) A copy of California Driver's Licenses for all drivers in the home.
- 12) A copy of California Department of Motor Vehicles driving history for all drivers in the home. (DMV Printout)
- 13) Verification of vehicle insurance for each vehicle in the home.
- 14) A copy of current vehicle registration for all vehicles.

OTHER REQUIREMENTS

In addition to the above forms, the following requirements must be met for initial and on-going certification:

- 1) Each applicant must attend the H.U.G.S. certification training.
- 2) Each foster parent must attend 15 hours of training on a yearly basis provided or approved by H.U.G.S. Foster Family Agency.
- 3) Each parent must maintain a current and valid first aid and CPR training certification and must provide verification to the H.U.G.S. Foster Family Agency.
- 4) Each home must have a bathroom scale to monitor the weight of all foster children monthly. The child's weight and height must be recorded on a monthly basis and the record must be maintained in the child's file.
- 5) Each home must have a fire extinguisher (**type 2A10BC**) in a designated area in the kitchen.
- 6) Each home must install and maintain smoke detectors in the bedroom areas.
- 7) Each home must maintain a first aid kit as per the H.U.G.S. Foster Family Policy.
- 8) Each home must participate in a home study by the H.U.G.S. Foster Family Agency personnel. The purpose of the home study is to ensure the safety of the children placed in the home.
- 9) A signed Release of Information form must be received for each person receiving SSI Benefits. The purpose of the form is to provide verification of the basis for the benefits.
- 10) If you are currently certified with another Foster Family Agency you will need to sign authorization for Release of Information. We are required to contact your current or any previous foster family agencies or counties as part of our background check. **Fill out intent to transfer packet.**

Once the application and completed documents are received, your application will be reviewed. Jeanne Faught; Director of Growth & Development will contact you.

If you have any questions regarding completing the application or the certification process, please do not hesitate to call Jeanne at (951) 695-0888.

PREPARING YOUR HOME

Title XXII and HUGS policies require certain conditions in each home that a foster child is placed. The purpose of these requirements is to ensure that the home is safe and able to meet emergency situations. Foster homes and yards must be maintained in an attractive and nurturing condition that is in keeping with other homes in the neighborhood. There are specific regulations for each room in the home.

KITCHEN

- All trash cans must be covered or stored under the sink.
- All knives and sharp objects must be locked with a Tot Lock or key lock. Tot Locks must be the magnetic type. All keys and magnets used to open any locks must be kept separately from the lock and only the foster parents should have access to the keys or magnets.
- Water temperatures may not exceed 120 degrees.
- All counters, appliances, floors, etc. must be clean and pest free.
- All food in the refrigerator and freezer must be in covered containers to prevent contamination. Aluminum foil cannot be used to cover food.
- All toxins must be locked by a Tot Lock or a key lock.
- There must be a **Type 2A10Bc** fire extinguisher in the kitchen area.
- A lock box is needed for any medications that must be refrigerated.

BATHROOMS

- All toilets and drains must be functioning properly.
- Water temperature may not exceed 120 degrees.
- All Toxins must be locked by a Tot Lock or a key lock.
- Shampoos, hair care products, etc. must be inaccessible to children (If in doubt, look at the container. Does it read, “Keep out of reach of children?”)
- Medications must be locked by a Tot Lock or a key lock and stored separately from toxins.

BEDROOMS

- There must be at least three feet between beds and only **two** children can be placed in each room (This is also true for biological children).
- Operable light in each room.
- Window that opens and has a screen
- Smoke alarms outside bedroom doors.
- Bunk beds must have a safety rail and a ladder (only children over the age of five are permitted on the top bunk)
- **Rooms for foster children should be decorated to the same standard as the other bedrooms in the home and should be age and gender appropriate. Children should be able to add their own personalized items and decorations to the room.**

PREPARING YOUR HOME

GARBAGE

- All sharp objects and tools inaccessible to children.
- All toxins (paint, thinners, plant foods, etc.) must be locked by a Tot Lock or a key lock.

LAUNDRY ROOM

- All toxins (bleach, laundry soap, stain removers, etc.) must be locked by a Tot Lock or a key lock.

OUTDOORS

- Garbage cans must be covered.
- The yard must be free of debris and trash.
- Gate locks are to be inaccessible to children.
- All toxins should be locked by a Tot Lock or a key lock.

POOL/ JACUZZI AND WATER SAFETY

- Jacuzzi covers must be strong enough to support the weight of an adult.
- Covers must be locked or secured when not in use.
- Covers must be completely removed prior to use of the Jacuzzi.
- Pools must be surrounded by a fence that is a minimum of 60 inches in height and has a maximum vertical clearance from the ground of two inches. Gaps in the fence if any cannot allow the passage of a sphere equal or greater than four inches in diameter.
- The area surrounding the pool must be free of protrusions, cavities or other physical characteristics that could serve as handholds or footholds that could enable a child under the age of five to climb over. **POOL COVERS IN LIEU OF FENCES ARE NOT ALLOWED.**
- No door or window access to the pool.
- Pool safety equipment – a life buoy and a shepherd's hook must be kept at the pool.
- Above-ground pools must be made inaccessible when not in use by removing the ladder after each use.
- All above ground pools less than 60 inches in height must be surrounded by a fence that meets the above criteria.
- All above ground and in-ground pools that cannot be emptied after each use must have an operable pump and filtering system.
- Small kid pools must be emptied after each use.

PREPARING YOUR HOME

All foster parents who have pools or take foster children swimming in places where there is not a life guard, must have completed a water safety course and have the ability to swim. These courses are available through the Red Cross, Heart Savers and other community organizations.

PETS

Documentation of all required vaccinations for pets in the home will be required prior to certification. All eligible pets in the home should be licensed by the county in which they reside. (Prohibited pets include Pit Bull Terriers, Rottweilers and Doberman Pinchers). Only lawfully domesticated animals are allowed to reside in HUGS Certified Foster Homes.

INSURANCE

Foster families are required to have homeowner's or renter's insurance. HUGS foster parents are financially responsible for any and all damage to their home caused by any foster child. Terra Manor Inc. does not cover any said damages.

FIRST AID

In addition to First Aid and CPR certifications, California Title XXII and HUGS FFA require all foster homes to have an appropriate First Aid Kit.

The first aid kit should contain at least the following and no medications:

- A current edition of a first aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.
- Sterile First Aid Dressings
- Bandages or Roller Bandages
- Adhesive Tape
- Scissors
- Tweezers and Thermometer