**FOSTER CARE PROVIDER INFORMATION SHEET**

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| In order for Title IV-E payments to be made, the child must be placed in a fully licensed foster home or agency. Please complete this form for the licensed provider. |

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current placement setting:**

\_\_\_\_\_ Regular foster home \_\_\_\_\_ Relative foster home \_\_\_\_\_Specialized foster home \_\_\_\_\_ Hospital

 \_\_\_\_\_Treatment foster home \_\_\_\_\_ Residential Treatment Center \_\_\_\_\_ Group home \_\_\_\_\_ Institution

**Provider Information:**

Primary Caretaker:

Name

Physical Address:

Mailing Address:

Secondary Caretaker:

Name

Physical Address:

Mailing Address:

Foster family structure: \_\_\_ Married couple \_\_\_ Unmarried couple \_\_\_ Single female \_\_\_ Single male

Primary caretaker: DOB: \_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hispanic: \_\_ Yes \_\_ No

Secondary caretaker: DOB: \_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hispanic: \_\_Yes \_\_ No

Other adults living in the home:

 Name: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Criminal Records Check (CRC):**

Federal law requires that each adult living in the home must complete a federal and state criminal records check as well as an abuse/neglect check in any state that they have resided in within five years prior to licensure.

Primary caretaker: Date of CRC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Abuse/Neglect check: \_\_\_\_\_\_\_\_\_\_\_\_\_ Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary caretaker: Date of CRC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Abuse/Neglect check: \_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other adult: Date of CRC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Abuse/Neglect check: \_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the reverse side.**

**Specialized Training:**

If a child qualifies as a Level II or Level III (specialized foster care) placement, the Tribe must certify that the foster care provider has received training or is otherwise equipped to meet the child’s needs in order for that provider to receive maintenance payments at the specialized foster care reimbursement rate. If this is the case, please include the specialized license or other documentation indicating that this is a specialized foster home.

**Foster Care Licensure:**

Please provide a copy of the current foster home license. In order to prevent a break in payment, licensure must be continuous.

 Date of licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**