

RESOURCE FAMILY REPORT OF DAMAGED/STOLEN PROPERTY OR PERSONAL INJURY

Per 7 AAC 53.110 and CPS policy 6.2.2.7

Reimbursements for damage/loss will be considered under the following conditions:

1. The loss extends beyond damage and loss that is expected to occur when caring for any child whether they are in foster care or not.
2. The loss was not provoked by the actions or statements of the foster parent.
3. If the loss was caused by theft, criminal mischief or other criminal conduct, it must have been reported to the law enforcement agency having jurisdiction.
4. Damage or loss must exceed \$150.00 for a single event or \$200.00 cumulative each month.
5. The incident resulting in financial loss must be reported to the OCS Service Array team by the foster parent within 10-days using this form (Foster Parent Report of Damaged/Stolen Property or Personal Injury Form(06-9440).
6. Photos that clearly depict damage must be provided.
7. Receipts, bank statements, credit card statements or other documents showing the original cost of damaged items is highly encouraged but not required.
8. Images of or item numbers for desired but comparable replacement items are ideal but not required.

Resource Parent(s) Name:

Date:

Address:

Phone Number:

Email:

Location of Incident:

Date of the incident or date the item was noticed as stolen/damaged:

Foster child responsible for the damage/injury:

Please list the items that were stolen or damaged

Item Name:

Brand & Model Number:

Date Purchased:

Cost of Item:

Did you notify your homeowner's insurance company? Yes No

Is the item/injury covered under your insurance? Yes No

How much of your insurance deductible was used as a result of this incident (OCS may reimburse for deductible):

Did you notify law enforcement? Yes No

Name of law enforcement:

Date law enforcement was notified

Who did you notify at OCS:

Date OCS was notified:

Please describe the details of the damage, loss, or injury:

What supervision and precautions were taken before and during the incident to prevent damage, loss, or injury:

Who else has information about the incident:

Name: Phone Number:

Name: Phone Number:

I hereby certify that, to the best of my knowledge and belief, the above statements are true and correct.

Resource Parent Signature: Date:

Resource Parent Signature: Date:

Please return this completed form to the OCS Service Array Unit

Fax: (907) 465-3397 **Email:** fcs.ocs.special.needs.hotline@alaska.gov

Address: OCS

Attn: Service Array Unit

P.O. Box 110630 Juneau, AK 99801

Questions? Contact the OCS Service Array Unit at 1-855-603-8637