

Instructions for the Foster Care Application

COMPLETING BY HAND:

- Please fill out the form to the best of your ability.
- Once completed you can scan and email your form to fcs.ocs.fca@alaska.gov. You can also drop off your form in person to your local OCS office.
- A list of regional OCS offices and the areas they serve is located on the [Office of Children's Services - Contact Us page](#).

COMPLETING ELECTRONICALLY:

- OCS *cannot* accept digital signatures. If you sign the form electronically and try to save, the form fields will disappear. **Do not sign the form electronically.**
- Please fill out the form to the best of your ability, then print and sign the form.
- Once completed you can scan and email your form to fcs.ocs.fca@alaska.gov. You can also drop off your form in person to your local OCS office.
- A list of regional OCS offices and the areas they serve is located on the [Office of Children's Services - Contact Us page](#).

If applying for Respite Foster Care, please check box:

Agency Use Only Date Application Form Received: Name of Staff Receiving Form:

Confidential

APPLICATION FORM FOR FOSTER CARE LICENSE

(Per Regulation at 7 AAC 67.030, if the household is headed by two adults who act as head of household, both adults must apply for the license. Two-parent household means a two-individual domestic relationship in which the individuals are married, have a domestic partnership, or cohabit.)

Applicant #1

Last Name, First, MI:

Aliases, Maiden Name, Previous Married Name(s):

Social Security Number:

Race (check all that apply)

Alaskan Native Tribe:

Aleut Athabascan Haida Inupiaq

Tlingit Tsimshian Yupik

American Indian Tribe:

Asian

Black or African American

Pacific Islands

White

Other:

CIB/BIA #:

Ethnic Background:

Hispanic or Latino

Other:

Place of Birth:

Primary Language:

Religious Affiliation (optional):

Education (last grade completed):

Employment Status: Employed at

Unemployed

Not in labor force (unemployed / not looking for work, retired, disabled, etc.)

Marital Status:

Work Phone:

Home Phone:

Additional Phone:

E-mail Address:

Street Address

City/Village

State

Zip

Applicant #2

Last Name, First, MI:

Aliases, Maiden Name, Previous Married Name(s):

Social Security Number:

Race (check all that apply)

Alaskan Native Tribe:

Aleut Athabascan Haida Inupiaq

Tlingit Tsimshian Yupik

American Indian Tribe:

Asian

Black or African American

Pacific Islands

White

Other:

CIB/BIA #:

Ethnic Background:

Hispanic or Latino

Other:

Place of Birth:

Primary Language:

Religious Affiliation (optional):

Education (last grade completed):

Employment Status: Employed at

Unemployed

Not in labor force (unemployed / not looking for work, retired, disabled, etc.)

Marital Status:

Work Phone:

Home Phone:

Additional Phone:

E-mail Address:

Mailing Address City/Village State Zip

Directions to home:

How long have you resided at the current address?

Are you located in an area susceptible to earthquakes, flooding, tsunamis, wildfires, avalanches, or other natural disasters?
Yes No

Household Members (Include all individuals living in the home or on the premises full or part-time. Do not include foster children.) Attach additional page(s) if necessary.

Name	Relationship	Birth Date	Age	Drivers License	State of Issuance
1.					
2.					
3.					
4.					
5.					
6.					

Willing to care for: Number of children: Age: to Male Female
 Specific child(ren) only Pre Adoptive Children Only

Closest Schools

Elementary School Middle School High School

Have you ever submitted/applied to the State of Alaska for any care listed below? Yes No
 Have you ever applied to another state, county, or private agency for any care listed below? Yes No

Relative Care	Foster Care	Adoption	Guardianship	Child Care
If yes:				
Agency Name	Address	State	Date	Approved
				Yes No
				Yes No
				Yes No

Alaska Department of Family and Community Services
Office of Children's Services

REFERENCES (Neighbors, employer, physician, friend). Regulations require three references, at least one of whom is unrelated. If two-applicants, references must address both applicants or separate references for each applicant. Please complete all sections.

Name	Complete Mailing Address	Phone	E-Mail Address
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Applicant 1 Residency: Alaska	Yrs	Mo's	Physically here	Yrs	Mo's
Applicant 2 Residency: Alaska	Yrs	Mo's	Physically here	Yrs	Mo's

Applicant 1 Please list your previous residence for the last five(5) years. Attach additional page(s) if necessary.

From(MM/YY	To MM/YY	City	State	Country
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Applicant 2 Please list your previous residence for the last five(5) years. Attach additional page(s) if necessary.

From(MM/YY	To MM/YY	City	State	Country
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Have you ever had a license to care for children or adults revoked, denied, or suspended in Alaska or any other state?

Applicant 1 NO YES If yes, attach an explanation.

Applicant 2 NO YES If yes, attach an explanation.

Have you or any household members at any time ever been investigated for child abuse or neglect?

Applicant 1 NO YES If yes, attach an explanation.

Applicant 2 NO YES If yes, attach an explanation.

Do you have a physical, health, mental health, or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.

Applicant 1 NO YES If yes, attach an explanation.

Applicant 2 NO YES If yes, attach an explanation.

Do you have a domestic violence problem or alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children?

Applicant 1 NO YES If yes, attach an explanation.

Applicant 2 NO YES If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense?

Applicant 1 NO YES If yes, attach an explanation.

Applicant 2 NO YES If yes, attach an explanation.

PLAN FOR CARE

Completion of this form, and the Background Information Foster Parent form constitutes the required plan for supervision of children and operation of a foster home.

SUPERVISION

How will you ensure children in your care are adequately supervised?

In the event of an emergency, who is your backup emergency caregiver?

Who will you use as a regular baby-sitter?

If working, what childcare arrangements do you have?

How will you support the religious, ethnic, cultural heritage and language of a foster child's family of origin?

What precautions will you take to ensure children in your care are safe around pets/animals?

The foster care regulations do not allow using corporal (physical) punishment, such as spanking, hitting, flicking, or slapping foster children.

Will this be a problem for you? Yes No

If yes, please explain.

Do you use corporal (physical) punishment on your own children? Yes No

If yes, how will you handle this when foster children are placed in your home?

Fill out ages that you are interested in becoming licensed for placement of

INFANT/TODDLERS (ages 0-3)

If you are licensed or approved to care for infants and toddlers, who is the primary caregiver?

How will you address a fussy baby or a toddler tantrum?

What are your primary methods of behavior guidance?

YOUNG CHILDREN (ages 4-9)

What materials, toys and equipment do you have available for young children?

What are your primary methods of behavior guidance?

How do you provide positive reinforcement?

CHILDREN (ages 10-12)

What are your primary methods of behavior guidance?

How do you provide positive reinforcement?

TEEN (ages 13-18+)

What is your home's electronic use rules?

What are your primary methods of behavior guidance?

How do you provide positive reinforcement?

FIREARM SAFETY PLAN

Do you plan to allow a child in your care to handle a firearm? No Yes

Before a foster home allows a child in care to handle a firearm, the home must request the child's placement worker to obtain advance permission from the child's parents or OCS if parental rights have been terminated.

Do you have permission from the child's parent or OCS as appropriate? No Yes

If yes, from whom: Date:

If you plan to allow a child in care to handle a firearm, please explain the firearm safety instruction approach that will be used.

Note: If your firearm safety plan changes or you have secured permission, please submit a revised Plan For Care within 30 days.

SECOND HAND SMOKE REDUCTION

The Centers for Disease Control reports, "Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth." If anyone in your household smokes, whether tobacco, marijuana, e-cigarettes, or any other substance, please describe all use here by answering the following questions.

Do you or any household members smoke?

What substances are smoked?

Child foster home regulations and safety practice does **not** permit smoking inside of the home. What will you do to be sure everyone in your home follows these guidelines?

Child foster home regulations and safety practice do not permit smoking in any vehicle used to transport children. What will you do to be sure the vehicle is smoke-free?

Note: Foster parents must follow all state laws.

FAMILY CHARACTERISTICS

Please check the characteristics that describe your family and home the most:

- | | |
|---|--|
| Relative Placement | Parent(s) in Home all Day |
| Emergency Shelter Care | If bilingual, languages spoken: |
| Alaskan Native/American Indian Household | Pet(s) in Home |
| Interstate Compact on the Placement of Children | Provide Home Schooling |
| (ICPC)Placement - Children in Another State's Custody | Wheelchair/Handicap Accessible |
| No Vehicle/Cannot Transport | ASL/American Sign Language |
| Child Placement Agency (CPA) Home | Consult with Division of Juvenile Justice (DJJ) |
| In-home Childcare (Daycare) | Willing to provide Respite for other Resource Families |
| Licensed through Tribe/Tribal Placements | |
| Trained in Medical Procedures | |

Family Accepts: Please Check Yes or No

	Yes	No		Yes	No
Teen Parent			ADD/ADHD Managed with Medication		
Pregnant or with a Child			ADD/ADHD Managed without Medication		
Communicative Disorder-Mute/Speech Delay			Physically Aggressive Behavior Toward Others		
Feeding Challenges			Cruelty to Animals		
Complex Medical Conditions			Arson History		
Blind or Visually Impaired			Theft History		
Deaf or Hearing Impaired			Alcohol/Substance Abuse History		
Down Syndrome			Self-Harming Behavior/Suicide Attempts		
Autism Spectrum Disorder			History of Running Away		
Physically Handicapped			Sexually Abused		
Wheelchair Use			Sexually Acting Out		
Diabetic/Insulin Dependent			Sexual Perpetrator		
Eating Disorder			Experiencing Severe Emotional Distress		
Encopresis (wetting accidents)			Willing to Supervise Family Visits		
Enuresis (soiling accidents)			Physical Violence/Property Destruction		
Behavioral Challenges			Children Waiting Residential Treatment		
Conduct Disorder/Oppositional Defiant			Other Mental Health Diagnosis		
Designated Placement for LGBTQI +					

PROVIDER EMERGENCY RESPONSE INFORMATION

Foster families must have an emergency procedure so they can be located in the event of an emergency or disaster (natural or otherwise). Please answer the following questions so that OCS can locate you in the event of a natural disaster or an emergency that may or has required you to evacuate your area. A copy of this plan will be provided to you. Please notify your worker immediately if there are any changes to this plan.

Work Location

Provider Name

Employer Name

Address (Street, City, State, ZIP)

Phone number

Evacuation Location

Work Location

Provider Name

Employer Name

Address (Street, City, State, ZIP)

Phone number

Evacuation Location

A. EMERGENCY CONTACTS

Please designate two people that do not live with you and whom you will call to tell them of your location and contact information, or with whom you will stay, in the event you must evacuate your home. OCS will contact them in the event of such an emergency.

Contact #1

Name

Address (Street, City, State, ZIP)

Home phone number

Mobile/secondary phone number

Contact #2

Name

Address (Street, City, State, ZIP)

Home phone number

Mobile/secondary phone number

Note: OCS policy requires children to be evacuated if an evacuation is ordered for an area. As soon as possible after evacuating, and no later than 24 hours if possible, call your local office, or regional office to notify OCS of each child's whereabouts and condition as required by OCS Policy.

Foster Parent Applicant Name:

Date:

APPLICANT BACKGROUND INFORMATION

CONFIDENTIAL

Each applicant completes this form individually for the initial application. Your licensing worker is available to assist in completing the form. If you need more space, please attach additional documentation.

A. EMPLOYMENT/TRAINING 7 AAC 67.030, 67.100, 67.105 & 67.120

1. Please list your work experience, education, or training, including your current job and/or subsistence activities.

2. Foster parents are required to have training to meet the needs of children in care. Are you willing to complete all training as required? Yes No

B. FAMILY BACKGROUND 7 AAC 67.030, 67.100, 67.105 & 67.240

1. Describe the family who raised you and what important values you learned from them.

2. Describe the methods of discipline used by the people who raised you through childhood, adolescence, and into adulthood.

C. FINANCIAL STATEMENT 7 AAC 67.030

1. Does your family have adequate supports, finances, subsistence, or community resources to support the household independent of the monthly foster care reimbursements? Yes No

Please Describe:

D. PERSONAL HISTORY 7 AAC 67.030, 67.100, 67.105 & 67.240

1. Do you currently have any physical health or mental health conditions that might interfere with your ability to care for children? Yes No

If yes, please explain.

2. Do you take any prescription medication? If so, please list the type of medication, where it is stored, and how it may affect your ability to care for children.

3. Do you or any household member grow, store, or use any type of marijuana in the home? Yes No

4. Do you or any household member store or consume alcohol in the home? Yes No
If yes, describe how often it is consumed, where it is stored, used, and how you will ensure safe and sober supervision of children in your home.

If yes to any of the above, please request and submit a Supervision Plan for Alcohol, Marijuana and Regulated Substance Use in a Foster Home (Form 06-9312) to ensure safe and sober supervision.

Printed Name:

Signature:

Date:

APPLICANT BACKGROUND INFORMATION- PARENT #2

CONFIDENTIAL

Each applicant completes this form individually for the initial application. Your licensing worker is available to assist in completing the form. If you need more space, please attach additional documentation.

A. EMPLOYMENT/TRAINING 7 AAC 67.030, 67.100, 67.105 & 67.120

1. Please list your work experience, education, or training, including your current job and/or subsistence activities.

2. Foster parents are required to have training to meet the needs of children in care. Are you willing to complete all training as required? Yes No

B. FAMILY BACKGROUND 7 AAC 67.030, 67.100, 67.105 & 67.240

1. Describe the family who raised you and what important values you learned from them.

2. Describe the methods of discipline used by the people who raised you through childhood, adolescence, and into adulthood.

C. FINANCIAL STATEMENT 7 AAC 67.030

1. Does your family have adequate supports, finances, subsistence, or community resources to support the household independent of the monthly foster care reimbursements? Yes No

Please describe:

D. PERSONAL HISTORY 7 AAC 67.030, 67.100, 67.105 & 67.240

1. Do you currently have any physical health or mental health conditions that might interfere with your ability to care for children? Yes No

If yes, please explain.

2. Do you take any prescription medication? If so, please list the type of medication, where it is stored, and how it may affect your ability to care for children.

3. Do you or any household member grow, store, or use any type of marijuana in the home? Yes No

4. Do you or any household member store or consume alcohol in the home? Yes No

If yes to any of the above, please request and submit a Supervision Plan for Alcohol, Marijuana and Regulated Substance Use in a Foster Home (Form 06-9312) to ensure safe and sober supervision.

Printed Name

Signature

Date

APPLICANT CERTIFICATION AND SIGNATURE

I (we) have read and completed this application form.

I (we) have received a copy of the State of Alaska Child Foster Home Statutes and Regulations, or I (we) will use the web address for 7 AAC 67: <https://www.akleg.gov/basis/aac.asp#7.67> and AS 47.32, <https://www.akleg.gov/basis/statutes.asp#47.32> for a copy of the statutes and regulations.

I (we) have provided a completed Clearance Form (06-9437) for each household member age 16 and older.

I (we) will provide fingerprints and necessary background check forms within 30 days of submitting this application.

I (we) agree and understand that I (we) will be placed on the APSIN flag system.

I (we) authorize the OCS representative to review criminal justice (CJ), including, where applicable, juvenile criminal history, protective service, and licensing records and to share this information (except federal CJ records) with the applicant/licensee and if applicable, between OCS and the agency responsible for evaluating the facility. I certify that the contents of the forms and information provided with it are true, accurate, and complete.

I (we) will cooperate with the licensing worker to complete the licensing requirements to become fully licensed.

I (we) certify that the above information and any information given at a later date will be true, complete, and accurate.

Applicant Signature

Applicant Signature

Date:

Date:

*** If 2-applicants, both must sign**