



Hello and thank you for your interest in our agency and about Treatment Foster Parenting. I have prepared a packet for you based on our conversation. Please read the entire packet and then call me with any questions that you may have.

Every child that comes to the care of DCFS has the immediate goal of returning to the home of the parents or extended family. Many of the children we serve will not return home due to the length of time they have spent in foster care. The child's caseworker will keep you up to date on any changes that may occur.

Included are the following:

- 1. Application for Initial Foster Family Home License (CFS 597-A)**
- 2. Foster Family Home Information (CFS 506-F)**
- 3. Authorization for Background Check (CFS 718-A)** This form is required to be completed by anyone residing in the home age 13 years or older. You **MUST** indicate on this form **ALL** previous address for the past five years. If you need more space please use the back of this page.
- 4. Foster Parent Responsibilities Signature Page (OCH 104B)** This form needs to be signed and dated. (*if married, both need to sign)
- 5. Application Addendum** This form needs to be completed in full.

Please fill out these three forms (completing a Background check for every member of your household 13 and older), mail these forms to:

Ray Rezek – Foster Parent Recruiter
C/O Our Children's Homestead
280 Shuman Boulevard #270
Naperville, IL 60563

When OCH receives your **Application, Foster Family Home Information,** and **Background Check(s)**, we will send a copy back of your **Background Check(s)** to you along with a **Fingerprints Search Results Printout** form, and a **information sheet** on how to get fingerprinted. Per DCFS policy all household member over 18 years old are required to have their fingerprints on file.

If you have a desire to become involved in our mission, we have a variety of partnering and sponsorship opportunities. If you would like more information, please call my direct line (630-392-2889).

Ray Rezek - Foster Parent Recruiter

OCHKIDS.ORG

AN INTRODUCTION TO OUR CHILDREN'S HOMESTEAD



OUR CHILDREN'S HOMESTEADS MISSION: is to build a strong, stable, foundation of support for each youth we serve, and develop opportunities that enable them to discover and sustain a positive future.

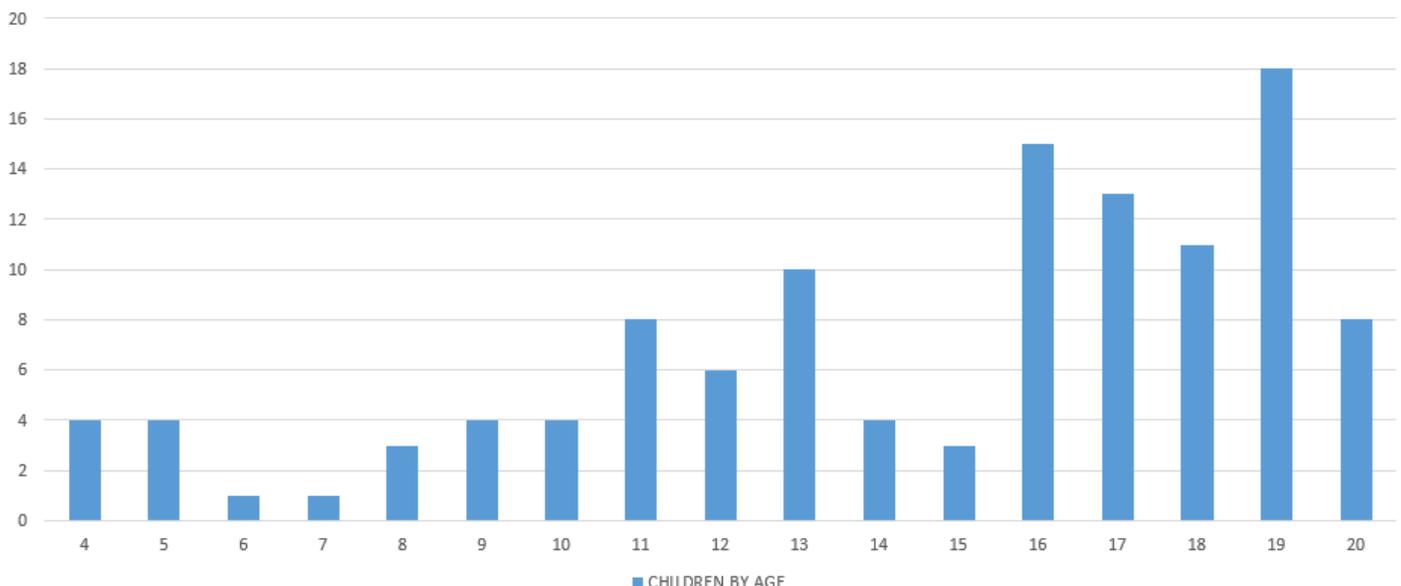
OUR VISION: All youth served by OCH are on a path to achieve happiness, health, self-sufficiency, and success.

OUR AGENCY'S SERVICE AREA: We serve an average of 130 hundred children. We have 140 homes in the Chicagoland area that extend south to Kankakee, up north to Gurnee, and out west to Rockford, our other office location. Our agency employs 40 staff members and has 40 contracted therapists providing direct services to our children.

THE PEOPLE WE NEED: Our Children's Homestead is a Therapeutic Foster Care Agency looking for caring individuals who are capable of providing a nurturing environment that our kids can call home. We seek to provide our kids with an authentic, loving, and lasting relationship with a dedicated foster care provider. Positive encouragement and long term support for our clients is a key factor to their growth and success. We believe that over time this relationship can deeply impact our children's lives and provide them with consistency and permanency.

THE CHILDREN WE SERVE: Our agency's Treatment foster care program serves children that are typically 10 years old or older. They have been in the foster care system for several years with some having been placed in 12 or more foster homes before coming to our agency. These children have a wide range of developmental, behavioral, emotional and mental health needs. Their support systems are broken and they feel they're not wanted or loved; they believe there is little hope for a better future.

CHILDREN BY AGE



State of Illinois
Department of Children and Family Services
APPLICATION FOR AN INITIAL FOSTER FAMILY HOME LICENSE

Complete in duplicate.
Retain one copy for your file.

DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY

Region/Site/Field _____
 Responsible for License _____ County No. _____ Date Received _____ Date Entered _____
 Supervising Agency No. _____ Name _____
 For DCFS Use Only
 Independent Home
 Licensed Child Welfare Agency
 Licensed Day Care Agency
 Licensed Exempt Agency
 Street Address _____
 City _____ Zip _____
 Telephone No. _____

PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS APPLICATION

NAME OF APPLICANTS:

A. _____
 Last Name First Name Middle Social Security or ITIN No. _____
 B. _____
 Last Name First Name Middle Social Security or ITIN No. _____
 Address _____
 No. and Street City, State and Zip County
 Mailing Address _____
 No. and Street City, State and Zip County
 Home Telephone _____
 Area Code Number Telephone Area Code Number

ALL APPLICANTS PLEASE ANSWER THE QUESTION BELOW AND SIGN THE APPLICATION

- Have you ever been convicted for other than a minor traffic violation? No Yes
If yes, explain: _____
- Are you currently licensed for child care in Illinois? No Yes License No(s). _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
- Have you ever been licensed for child care outside Illinois? No Yes License No(s). _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
- If you are not currently licensed for child care, complete the question below:
Have you ever applied for a child care license? No Yes
Was license issued? No Yes
Name on license _____
Address on license _____
- Have you ever received child welfare services from the Department? No Yes
If yes, what was the reason for the service: _____
- Does Applicant A and/or B speak a language other than English? No Yes If yes indicate:
Applicant A's Language: _____
Applicant A's Proficiency: Bilingual _____ Fluent _____ Conversational _____
Applicant B's Language: _____
Applicant B's Proficiency: Bilingual _____ Fluent _____ Conversational _____

I(WE), the undersigned, representing the facility herein named, hereby apply for license to operate a child care facility under the Child Care Act of 1969 as amended. I(WE) declare that, I(WE):

- Have received a copy of the standards, have read and are familiar with the standards for which license is sought.
- Will be subject to investigation upon application in regard to meeting standards.
- Will cooperate with the licensing agency through the study.
- Are aware that to operate a child care facility without a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.
- Will be subject to supervision in terms of conformance with minimum standards upon issuance of a license.
- Affirm that the information provided above is true. I(WE) understand that making materially false statements in order to obtain a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.

SIGNATURE(S)

DATE

DATE

INSTRUCTIONS FOR THE APPLICATION FOR AN INITIAL FOSTER FAMILY HOME LICENSE

Name of Applicant(s)

Enter the name(s) of the person(s) who are applying to be licensed as foster parent(s). Enter the social security or individual taxpayer identification (ITIN) number of each person listed in the spaces provided. If applicant is married and living with spouse, enter name and social security number for both persons.

Address

Enter the complete address of the home's actual location.

Mailing Address

Use ONLY when the mailing address is different from the actual location of the home.

Telephone Number

Enter the area code and phone number of the home and work telephone if applicable.

All applicants should answer the questions on the bottom of the form.

If there is one applicant, he/she must sign the form. If there are joint/married applicants, both must sign.

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.

FOSTER FAMILY HOME INFORMATION

I. NAME: Applicant A _____
(Last) (First) (Middle)

Applicant B _____
(Last) (First) (Middle)

ADDRESS: _____
(Street or Rural Route)

(City) (Zip Code) (County) (Telephone)

How long have you been a resident of Illinois? Applicant A: _____ Applicant B: _____
(Months) (Years) (Months) (Years)

II. HOME—Check any boxes that apply

DO YOU OWN RENT LANDLORD APPROVAL TO CARE FOR UNRELATED CHILDREN YES NO
 APARTMENT MOBILE HOME HOUSE OTHER _____

WATER SUPPLY CITY OTHER (Specify) _____

DIRECTIONS FOR REACHING YOUR HOME: _____

III. MARITAL STATUS—Check One Box

- MARRIED _____
(Date)
- CIVIL UNION _____
(Date)
- SINGLE WIDOWED
- DIVORCED LEGALLY SEPARATED

PROVIDER ID# _____
Licensing Rep. _____
R/S/F _____

IV. MEMBERS OF HOUSEHOLD
(include Children, Relatives, Others)

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY OR ITIN NUMBER	RELIGION
Applicant A: _____				
Applicant B: _____				
Other Adult/Child: _____				
Other Adult/Child: _____				
Other Adult/Child: _____				
Other Adult/Child: _____				
Other Adult/Child: _____				

Language(s) Spoken _____

V. CURRENT EMPLOYMENT

EMPLOYMENT	Name of Firm	Address	Title or Position	Working Hours	Years Employed
Applicant A				_____ to _____	
Applicant B				_____ to _____	

Approximate Annual Income of Total Household, Regardless of Sources: _____

IF APPLICANT(S) WORK OUTSIDE OF HOME, DESCRIBE CHILD CARE PLANS: _____

VI. DESCRIBE YOUR EXPERIENCE WITH CHILDREN OTHER THAN YOUR OWN. THESE MAY INCLUDE CARE OF RELATIVE'S CHILDREN, TEACHING SUNDAY SCHOOL, WORK WITH SCOUTS OR OTHER GROUPS, ETC.

WHY DO YOU WANT TO PROVIDE CHILD CARE? _____

STATE THE AGE RANGE, SEX, AND NUMBER OF CHILDREN YOU WOULD LIKE TO HAVE IN YOUR HOME:

VII. REFERENCES: **You must list at least three (3) persons unrelated to you who know how you care for children**

- 1. Name _____ Phone _____
Address _____ City _____ Zip Code _____
- 2. Name _____ Phone _____
Address _____ City _____ Zip Code _____
- 3. Name _____ Phone _____
Address _____ City _____ Zip Code _____

IF EITHER APPLICANT HAS BEEN AN ILLINOIS RESIDENT FOR LESS THAN FIVE YEARS, INCLUDE TWO REFERENCES FROM THE PREVIOUS RESIDENCE STATE:

- 4. Name _____ Phone _____
Address _____ City _____ State _____ Zip Code _____
- 5. Name _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I/WE UNDERSTAND THAT MAKING MATERIALLY FALSE STATEMENTS IN ORDER TO OBTAIN A LICENSE OR PERMIT CONSTITUTES A CLASS A MISDEMEANOR AND THAT I/WE MAY BE PROSECUTED FOR SUCH MISCONDUCT.

Signature (Applicant A)

Signature (Applicant B)

Date _____

AUTHORIZATION FOR BACKGROUND CHECK for Foster Care & Adoption

READ INSTRUCTIONS ON PAGE 2. PRINT ALL INFORMATION ON PAGE 1. SIGN PAGE 1 AND 3.

CHECK ONE BOX IN EACH COLUMN IN THE APPLICABLE ROW A or B:			
	Category of Facility	Specific Type of Application	Person in the Home
1	A	Foster Care	<input type="checkbox"/> Applicant <input type="checkbox"/> Member of Household (ages 13 through 17)* <small>*Parent/Guardian signature required</small> <input type="checkbox"/> Member of Household (age 18 and over) <input type="checkbox"/> Youth in Care
	B	Adoption	<input type="checkbox"/> Adopt Only Home <input type="checkbox"/> Unlicensed Relative in Illinois <input type="checkbox"/> Unlicensed Relative Out of State <input type="checkbox"/> For Placement Purposes <input type="checkbox"/> For Adoption Purposes

PERSONAL INFORMATION (Please see additions instructions on the back page)

Last Name/First Name/Middle Initial _____		Social Security or ITIN Number _____ - _____ - _____	
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____		I am or will be transporting foster children <input type="checkbox"/> Yes <input type="checkbox"/> No If this statement is yes, list your Drivers License number here: _____ - _____ - _____	
CURRENT ADDRESS, TELEPHONE (when applicable): Street/Apt.#: _____ City: _____ State: ____ Zip Code: _____ County: _____ Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____		Is this an Illinois Drivers License Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you lived outside of Illinois in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years, including those outside of Illinois. (Street/ Apt./City/County/State/Zip Code) _____ _____	
Date of Birth (Month/Date/Year) _____ - _____ - _____	Age _____	Place of Birth (City and State) _____	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. _____	Weight (lbs.) _____	Hair (color) _____ Eye (color) _____
Race (Check all that apply) <input type="checkbox"/> Native American/Alaskan (Indian or Eskimo) <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Declined to Identify <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Could not be Verified	
Ethnicity (see codes on Page 2)			

AUTHORIZATION /CERTIFICATION BELOW AND ON PAGE 3 MUST BE SIGNED AND DATED

3	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of a criminal offense, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	I certify that I have read and understood the Authorization/Certification box on the back page of this form.
Signature _____	Date _____
Parent/Guardian Signature (if applicable) _____	Date _____

TO BE COMPLETED BY SUPERVISING AGENCY	
This authorization form will not be processed without completion of this section. The licensing representative must complete the following	
Date Fingerprinted: _____	Supervising Agency Name: <u>Our Children's Homestead</u>
Full Name of Facility _____	Provider ID# <u>266994</u>
Provider ID # _____	Or DCFS Region/Site/Field _____
Street Address: _____	Name of Worker _____ Worker ID#/Phone Number _____
City _____ IL ZIP: _____	<u>Jackie Ganz</u> <u>515254 630-369-0004x157</u>
	Name of Supervisor _____ Supervisor ID#/Phone Number _____

5	BACKGROUND RESULTS AS APPLICABLE	FOR CENTRAL OFFICE OF LICENSING USE
	Sex Offender Clearance: _____ CANTS Clearance: _____ Illinois State Police Clearance: _____ FBI Clearance: _____ Transfer Clearances: SO/CANTS: _____ ISP: _____	SID# _____ Clear _____ Record _____ BC-03 Registered: _____ FBI Sent Out: _____ Valid Driver's License: Yes _____ No _____

PRINT: Last Name/First Name/Middle Initial

Provider ID #

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a foster care home. Every person subject to a background check must complete the first three sections identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete. The Parent or Guardian's signature is required if background check is for a minor.

ADDITIONAL INSTRUCTIONS FOR SECTIONS 2 AND 3 OF THE FRONT PAGE

Name:	Current and all former names used by the individual must be included. If no other names, write "none."	
Social Security, ITIN or Assigned #.	THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY, INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) NUMBER OR DEPARTMENT ASSIGNED NUMBER	
Address:	Current and all addresses, including county, where the person has lived in the past five years (Indicate if outside of Illinois)	
Race:	Enter all race codes that apply. NA = Native American/Alaskan (Indian or Eskimo) WH = White AS = Asian UK = Unknown BL = Black/African American DI = Declined to Identify PI = Native Hawaiian/Pacific Islander CV = Could not be Verified	
Ethnicity:	Enter the primary Ethnicity NH = Not Hispanic (NONE) HA = Hispanic Central American HS = Hispanic South American HN = Hispanic Dominican HM = Hispanic Mexican HO = Hispanic Other HP = Hispanic Puerto Rican UK = Unknown HD = Hispanic Spanish Descent DI = Declined to Identify HC = Hispanic Cuban CV = Could not be Verified	

ADDITIONAL INSTRUCTIONS FOR SECTIONS 4 OF THE FRONT PAGE

Instruction for Left Side -		Instructions for Right Side -	
Date Fingerprinted:	Provide the date the individual is fingerprinted	Supervising Agency:	Print the name and Provider ID# of Agency which will supervise the facility
Name of Provider:	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)	Provider ID #:	The DCFS Region/Site/Field.
Provider ID #:	The Provider ID. (The number which appears on the license certificate for the facility. Initial Applications will be assigned # by Background Check Unit.)	Name of the Worker:	Name, ID and phone of the worker
Street/City/Zip:	The site of licensed facility where person is licensed or employed.	Name of the Supervisor:	Name, ID and phone of the supervisor

The Authorization for Background Check must be submitted to the worker for completion of Section 4 and for forwarding to the DCFS pertinent Background Check Unit. The worker must check the form for completeness and accuracy, confirm that the person (if age 18 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

ADDITIONAL INSTRUCTIONS FOR PAGE 3

The ISP/FBI PRIVACY ACT STATEMENT and the AUTHORIZATION/CERTIFICATION on page 3 of this form must be signed and dated by individuals having a Background Check completed. Individuals being background checked/fingerprinted have a right to receive a copy of this form.

ISP/FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Record Notification: Your fingerprints will be used to check the criminal history records of the FBI. Procedures for obtaining a copy or change, correction or updating of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____

AUTHORIZATION/CERTIFICATION

" I, hereby authorize the release of any criminal history record information, that may exist, regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act."

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search child abuse and neglect history reports to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering placement of a related child or an application for licensure. Persons 13-17 years of age signing this form authorize a search of CANTS and SOR only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential. Only DCFS shall receive for review FBI Background check results and upon request the employee, prospective employee or volunteer will be provided a copy. *State conviction information provided by the Department of State Police regarding employees, prospective employees, or volunteers of non-licensed service providers and child care facilities licensed under this Act shall be provided to the operator of such facility, and, upon request, to the employee, prospective employee, or volunteer of a child care facility or non-licensed service provider.* [225 ILCS 10/4.1]. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application for licensure.

Should you feel that the information on your Illinois State Police record or Federal Bureau of Investigation record is incorrect you may visit: <http://www.ilga.gov/commission/jcar/admincode/020/02001210sections.html> for the ISP and <http://www.fbi.gov> for FBI.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____

AUTHORIZATION FOR BACKGROUND CHECK for Foster Care & Adoption

READ INSTRUCTIONS ON PAGE 2. PRINT ALL INFORMATION ON PAGE 1. SIGN PAGE 1 AND 3.

CHECK ONE BOX IN EACH COLUMN IN THE APPLICABLE ROW A or B:			
	Category of Facility	Specific Type of Application	Person in the Home
1	A	Foster Care	<input type="checkbox"/> Applicant <input type="checkbox"/> Member of Household (ages 13 through 17)* <small>*Parent/Guardian signature required</small> <input type="checkbox"/> Member of Household (age 18 and over) <input type="checkbox"/> Youth in Care
	B	Adoption	<input type="checkbox"/> Adopt Only Home <input type="checkbox"/> Unlicensed Relative in Illinois <input type="checkbox"/> Unlicensed Relative Out of State <input type="checkbox"/> For Placement Purposes <input type="checkbox"/> For Adoption Purposes

PERSONAL INFORMATION (Please see additions instructions on the back page)

Last Name/First Name/Middle Initial _____		Social Security or ITIN Number _____ - _____ - _____	
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____		I am or will be transporting foster children <input type="checkbox"/> Yes <input type="checkbox"/> No If this statement is yes, list your Drivers License number here: _____ - _____ - _____	
CURRENT ADDRESS, TELEPHONE (when applicable): Street/Apt.#: _____ City: _____ State: ____ Zip Code: _____ County: _____ Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____		Is this an Illinois Drivers License Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you lived outside of Illinois in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years, including those outside of Illinois. (Street/Apt.#/City/County/State/Zip Code) _____ Dates From/To _____	
Date of Birth (Month/Date/Year) _____	Age _____	Place of Birth (City and State) _____	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. _____	Weight (lbs.) _____	Hair (color) _____ Eye (color) _____
Race (Check all that apply) <input type="checkbox"/> Native American/Alaskan (Indian or Eskimo) <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Declined to Identify <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Could not be Verified	
Ethnicity (see codes on Page 2)			

AUTHORIZATION /CERTIFICATION BELOW AND ON PAGE 3 MUST BE SIGNED AND DATED

3	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED BY SUPERVISING AGENCY	
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Full Name of Facility _____	Provider ID# <u>266994</u>
Provider ID # _____	Or DCFS Region/Site/Field _____
Street Address: _____	Name of Worker _____ Worker ID#/Phone Number _____
City _____ IL ZIP: _____	<u>Jackie Ganz</u> <u>515254 630-369-0004x157</u>
	Name of Supervisor _____ Supervisor ID#/Phone Number _____

5	BACKGROUND RESULTS AS APPLICABLE	FOR CENTRAL OFFICE OF LICENSING USE
	Sex Offender Clearance: _____	SID# _____ Clear _____ Record _____
	CANTS Clearance: _____	BC-03 Registered: _____
	Illinois State Police Clearance: _____	FBI Sent Out: _____
	FBI Clearance: _____	Valid Driver's License: Yes _____ No _____
Transfer Clearances: SO/CANTS: _____ ISP: _____		

PRINT: Last Name/First Name/Middle Initial

Provider ID #

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Race:	Enter all race codes that apply. NA = Native American/Alaskan (Indian or Eskimo) WH = White AS = Asian UK = Unknown BL = Black/African American DI = Declined to Identify PI = Native Hawaiian/Pacific Islander CV = Could not be Verified	
Ethnicity:	Enter the primary Ethnicity NH = Not Hispanic (NONE) HA = Hispanic Central American HS = Hispanic South American HN = Hispanic Dominican HM = Hispanic Mexican HO = Hispanic Other HP = Hispanic Puerto Rican UK = Unknown HD = Hispanic Spanish Descent DI = Declined to Identify HC = Hispanic Cuban CV = Could not be Verified	

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Name of Provider:	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)	Provider ID #:	The DCFS Region/Site/Field.
Provider ID #:	The Provider ID. (The number which appears on the license certificate for the facility. Initial Applications will be assigned # by Background Check Unit.)	Name of the Worker:	Name, ID and phone of the worker
Street/City/Zip:	The site of licensed facility where person is licensed or employed.	Name of the Supervisor:	Name, ID and phone of the supervisor

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Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Record Notification: Your fingerprints will be used to check the criminal history records of the FBI. Procedures for obtaining a copy or change, correction or updating of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____

AUTHORIZATION/CERTIFICATION

" I, hereby authorize the release of any criminal history record information, that may exist, regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act."

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search child abuse and neglect history reports to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering placement of a related child or an application for licensure. Persons 13-17 years of age signing this form authorize a search of CANTS and SOR only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential. Only DCFS shall receive for review FBI Background check results and upon request the employee, prospective employee or volunteer will be provided a copy. *State conviction information provided by the Department of State Police regarding employees, prospective employees, or volunteers of non-licensed service providers and child care facilities licensed under this Act shall be provided to the operator of such facility, and, upon request, to the employee, prospective employee, or volunteer of a child care facility or non-licensed service provider.* [225 ILCS 10/4.1]. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application for licensure.

Should you feel that the information on your Illinois State Police record or Federal Bureau of Investigation record is incorrect you may visit: <http://www.ilga.gov/commission/jcar/admincode/020/02001210sections.html> for the ISP and <http://www.fbi.gov> for FBI.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____

AUTHORIZATION FOR BACKGROUND CHECK for Foster Care & Adoption

READ INSTRUCTIONS ON PAGE 2. PRINT ALL INFORMATION ON PAGE 1. SIGN PAGE 1 AND 3.

CHECK ONE BOX IN EACH COLUMN IN THE APPLICABLE ROW A or B:			
	Category of Facility	Specific Type of Application	Person in the Home
1	A	Foster Care	<input type="checkbox"/> Applicant <input type="checkbox"/> Member of Household (ages 13 through 17)* <small>*Parent/Guardian signature required</small> <input type="checkbox"/> Member of Household (age 18 and over) <input type="checkbox"/> Youth in Care
	B	Adoption	<input type="checkbox"/> Adopt Only Home <input type="checkbox"/> Unlicensed Relative in Illinois <input type="checkbox"/> Unlicensed Relative Out of State <input type="checkbox"/> For Placement Purposes <input type="checkbox"/> For Adoption Purposes

PERSONAL INFORMATION (Please see additions instructions on the back page)

Last Name/First Name/Middle Initial _____		Social Security or ITIN Number _____ - _____ - _____	
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____		I am or will be transporting foster children <input type="checkbox"/> Yes <input type="checkbox"/> No If this statement is yes, list your Drivers License number here: _____	
CURRENT ADDRESS, TELEPHONE (when applicable): Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____ Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____		Is this an Illinois Drivers License Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have you lived outside of Illinois in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years, including those outside of Illinois. (Street/Apt.#/City/County/State/Zip Code) _____ _____	
Date of Birth (Month/Date/Year) ____-____-____	Age ____	Place of Birth (City and State) _____	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. ____	Weight (lbs.) ____	Hair (color) ____
Race (Check all that apply) <input type="checkbox"/> Native American/Alaskan (Indian or Eskimo) <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Declined to Identify <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Could not be Verified			Eye (color) ____
			Ethnicity (see codes on Page 2)

AUTHORIZATION /CERTIFICATION BELOW AND ON PAGE 3 MUST BE SIGNED AND DATED

3	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been convicted of a criminal offense, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	I certify that I have read and understood the Authorization/Certification box on the back page of this form.	
Signature _____	Date _____	
Parent/Guardian Signature (if applicable) _____	Date _____	

TO BE COMPLETED BY SUPERVISING AGENCY

This authorization form will not be processed without completion of this section. The licensing representative must complete the following

4	Date Fingerprinted: _____	Supervising Agency Name: <u>Our Children's Homestead</u>
	Full Name of Facility _____	Provider ID# <u>266994</u>
	Provider ID # _____	Or DCFS Region/Site/Field _____
	Street Address: _____	Name of Worker _____ Worker ID#/Phone Number _____
	City _____ IL ZIP: _____	Jackie Ganz <u>515254 630-369-0004x157</u>
		Name of Supervisor _____ Supervisor ID#/Phone Number _____
5	BACKGROUND RESULTS AS APPLICABLE	
	FOR CENTRAL OFFICE OF LICENSING USE	
	Sex Offender Clearance: _____	SID# _____ Clear _____ Record _____
	CANTS Clearance: _____	BC-03 Registered: _____
Illinois State Police Clearance: _____	FBI Sent Out: _____	
FBI Clearance: _____	Valid Driver's License: Yes _____ No _____	
Transfer Clearances: SO/CANTS: _____ ISP: _____		

PRINT: Last Name/First Name/Middle Initial

Provider ID #

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a foster care home. Every person subject to a background check must complete the first three sections identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete. The Parent or Guardian's signature is required if background check is for a minor.

ADDITIONAL INSTRUCTIONS FOR SECTIONS 2 AND 3 OF THE FRONT PAGE

Name:	Current and all former names used by the individual must be included. If no other names, write "none."	
Social Security, ITIN or Assigned #.	THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY, INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) NUMBER OR DEPARTMENT ASSIGNED NUMBER	
Address:	Current and all addresses, including county, where the person has lived in the past five years (Indicate if outside of Illinois)	
Race:	Enter all race codes that apply. NA = Native American/Alaskan (Indian or Eskimo) WH = White AS = Asian UK = Unknown BL = Black/African American DI = Declined to Identify PI = Native Hawaiian/Pacific Islander CV = Could not be Verified	
Ethnicity:	Enter the primary Ethnicity NH = Not Hispanic (NONE) HA = Hispanic Central American HS = Hispanic South American HN = Hispanic Dominican HM = Hispanic Mexican HO = Hispanic Other HP = Hispanic Puerto Rican UK = Unknown HD = Hispanic Spanish Descent DI = Declined to Identify HC = Hispanic Cuban CV = Could not be Verified	

ADDITIONAL INSTRUCTIONS FOR SECTIONS 4 OF THE FRONT PAGE

Instruction for Left Side -		Instructions for Right Side -	
Date Fingerprinted:	Provide the date the individual is fingerprinted	Supervising Agency:	Print the name and Provider ID# of Agency which will supervise the facility
Name of Provider:	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)	Provider ID #:	The DCFS Region/Site/Field.
Provider ID #:	The Provider ID. (The number which appears on the license certificate for the facility. Initial Applications will be assigned # by Background Check Unit.)	Name of the Worker:	Name, ID and phone of the worker
Street/City/Zip:	The site of licensed facility where person is licensed or employed.	Name of the Supervisor:	Name, ID and phone of the supervisor

The Authorization for Background Check must be submitted to the worker for completion of Section 4 and for forwarding to the DCFS pertinent Background Check Unit. The worker must check the form for completeness and accuracy, confirm that the person (if age 18 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

ADDITIONAL INSTRUCTIONS FOR PAGE 3

The ISP/FBI PRIVACY ACT STATEMENT and the AUTHORIZATION/CERTIFICATION on page 3 of this form must be signed and dated by individuals having a Background Check completed. Individuals being background checked/fingerprinted have a right to receive a copy of this form.

ISP/FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Record Notification: Your fingerprints will be used to check the criminal history records of the FBI. Procedures for obtaining a copy or change, correction or updating of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____

AUTHORIZATION/CERTIFICATION

" I, hereby authorize the release of any criminal history record information, that may exist, regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act."

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search child abuse and neglect history reports to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering placement of a related child or an application for licensure. Persons 13-17 years of age signing this form authorize a search of CANTS and SOR only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential. Only DCFS shall receive for review FBI Background check results and upon request the employee, prospective employee or volunteer will be provided a copy. *State conviction information provided by the Department of State Police regarding employees, prospective employees, or volunteers of non-licensed service providers and child care facilities licensed under this Act shall be provided to the operator of such facility, and, upon request, to the employee, prospective employee, or volunteer of a child care facility or non-licensed service provider.* [225 ILCS 10/4.1]. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application for licensure.

Should you feel that the information on your Illinois State Police record or Federal Bureau of Investigation record is incorrect you may visit: <http://www.ilga.gov/commission/jcar/admincode/020/02001210sections.html> for the ISP and <http://www.fbi.gov> for FBI.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____

O.C.H. TREATMENT FOSTER PARENT RESPONSIBILITIES



Provide temporary care to children who have been removed from their home due to abuse, neglect, or dependency.

Act as a parent to the child in nearly every respect:

- Provide a safe, stable living environment and set rules of behavior, teach good hygiene and living skills, and provide consequences for inappropriate behavior.
- Participate in the child's educational plan by registering the child in school, attending parent/teacher conferences and other meetings (i.e. IEP), and encouraging participation in extra-curricular activities.
- Ensure the child's medical and dental needs are met.
- Provide reasonable transportation for the child for visits with family, court dates, community activities, and other needs as they arise.

Have adequate space available to provide a separate bed for each child.

Have sufficient financial resources to provide basic necessities for yourself and your own family. The financial reimbursement is NOT to be used as a form of income. Appropriately utilize the reimbursement for board, clothing, and personal allowance.

Refrain from the use of corporal punishment in any form as means of disciplining a child. Also, no child should be subjected to verbal abuse, threats, or derogatory remarks.

Have a competent person in charge of the children at all times and inform the agency of alternate caregivers.

Accept supervision from the agency by allowing the workers (i.e. caseworker, therapist, licensing worker, etc.) to visit the home at any reasonable time, attending various meetings, and providing care according to agency policy. Recognize the final authority of the agency to make and carry out plans, which may include return to parents or relatives, guardianship, adoption, or transfer to other homes.

Immediately report any changes in address, phone number, or individuals residing in the home.

Consult with the agency prior to taking a child out of state or if you will be out of the home for a period exceeding 24 hours.

Attend at least one training per quarter at the agency. Understand that failure to do so will jeopardize future placements in the home or result in a reduction in the Professional/Difficulty of Care rate.

Give the agency a minimum of two weeks written notice if you would like a child removed from your home.

Express, in writing, complaints or grievances and address to the program supervisor.

Please keep in mind that OCH provides foster care services for children at three different levels:

- 1. Traditional Foster Care** – Children without significant medical or mental health needs.
- 2. Specialized Treatment Foster Care (SPEC)** – Children with medical, emotional, and/or behavioral concerns receive therapy and foster parents receive weekly consultations. The children in OCH care are ages 8—18 at this level.
- 3. Specialized Adolescent Foster Care (AFC)** – Children with medical, emotional, and/or behavioral concerns receive therapy and foster parents receive weekly consultations. These children, most of them 14 years of age and older, receive 15 hours of mentoring per month.
- 4. Project Reach (PR)** – Treatment Foster Parents will provide care for youth between the ages of 4 and 20 with complex behavioral or mental health needs, requiring daily intensive, structured therapeutic intervention. Youth in Treatment Foster Care often have a history of trauma and placement instability and may be stepping down from residential treatment or discharging from a psychiatric hospital. Treatment Foster Parents are expected to maintain a high level of commitment to youth in their care and work with the agency to ensure placement stability for the youth. At least one caregiver must always be available to actively participate as a vital member of their youth's treatment team. OCH will provide Treatment Foster Parents with 24/7 crisis intervention and support.

PROJECT REACH / TREATMENT FOSTER PARENT JOB DESCRIPTION

Have you and your family discussed having the desire to help children in need but don't know where to start? If so, becoming a Treatment Foster Parent/Family may be the perfect fit for you and your family! Not only would you be able to provide a family to a child, but you would also be able to devote the time and love needed while being able to work from home.

The Treatment Foster Parent is committed to helping our youth build a strong, stable foundation of support and develop opportunities that enable them to discover and sustain a positive future. Treatment Foster Parents will provide care for youth between the ages of 4 and 20 with complex behavioral or mental health needs, requiring daily intensive, structured therapeutic intervention.

Youth in Treatment Foster Care often have a history of trauma and placement instability and may be stepping down from residential treatment or discharging from a psychiatric hospital. Treatment Foster Parents are expected to maintain a high level of commitment to youth in their care and work with the agency to ensure placement stability for the youth. At least one caregiver must always be available to actively participate as a vital member of their youth's treatment team. OCH will provide Treatment Foster Parents with 24/7 crisis intervention and support.

Qualifications:

- ☞ Must be at least 21 years old
- ☞ Must have a source of income
- ☞ Must have a place of residence with proof of homeowner's/renter's insurance
- ☞ One or two parent home with at least one of the parents working no more than part-time who is available to respond to issues or emergencies that arise at school or child care program
- ☞ Must provide documentation of an up to date physical exam
- ☞ Must possess a valid driver's license, working vehicle, registration and insurance
- ☞ Able to complete DCFS PRIDE training and supplemental trainings
- ☞ Licensed/become licensed under DCFS Rule 402 with no open investigations or holds on the license

Pay: \$75.00 per day

COVID-19 considerations: During home visits, all OCH personnel are required to wear personal protective equipment for the duration of the visit.

Treatment Foster Parent Per Diem Rate Sheet Breakdown per Month

	<i>Spec and AFC 0-11 Years Old</i>	<i>Spec and AFC 12-21 Years Old</i>	<i>Project REACH</i>
Clothing for Child	\$73.00	\$83.00	\$83.00
Child's Personal Allowance	\$28.00	\$50.00	\$50.00
Board Payment	\$410.00	\$421.00	\$421.00
Maintenance (sum of above)	\$511.00	\$554.00	\$554.00
Assistance to Youth	\$75.00	\$111.00	\$111.00
Difficulty of Care Rate*	\$605.00	\$631.00	\$1,585.00
Total AVERAGE Per Diem Rate Per 30-day Month	\$1,191.00	\$1,296.00	\$2,250.00
Total Contracted Foster Parent Rate Per Day	\$39.70	\$43.20	\$75.00

O.C.H. FOSTER PARENT RESPONSIBILITIES



ALLOCATION FOR YOUR CHILDREN

The allocations for Board and the Professional/Difficulty of Care Rate are allocations for the Treatment foster parents. **Clothing for the Child, the Child's Personal Allowance, & Assistance to Youth are Child-centered allocations.** The permanency specialist will work with you in monitoring these expenses. When a child leaves your home, Our Children's Homestead will look at these receipts to determine what funds, if any, should be carried with the child to the next placement. Any balance due the child may be deducted from future foster parent per diem payments or can be settled in full when the child leaves your home.

CLOTHING ALLOWANCE

Each child is entitled to receive clothes as paid by from their clothing allowance each month. A child needs to have enough clothes for each season of the year.

PERSONAL ALLOWANCE

Each child is entitled to their personal allowance each month. A child's money may be held as a disciplinary measure, but the child must be given clear instructions on how to earn it back (within 1-3 days). The money can be given ½ on the 1st and 15th. Some Foster Parents choose to give them ¼ every Friday. In some cases, your child's Therapist may request that some funds be made available for therapeutic and/or treatment planning purposes (i.e. child may earn trip to the toy store and purchase \$10.00 toy for 7 days of on task behavior.)

ASSITANCE TO YOUTH

Our Children's Homestead is required by DCFS contract to allocate \$19.27 per month for various child related expenses. DCFS calls this Assistance to Youth. Our Children's Homestead is allocating **considerably more** (\$75.11 per month for children that are under 12 and \$111.39 per month for children over 12) in the foster parent per diem rate for these expenses. Rather than pooling the money together and requiring foster parents to submit individual request, Our Children's Homestead is paying you directly for these expenses by allocating for these expenses directly in your per diem rate. It is important that you budget your per diem in such a manner so as to anticipate these expenses. Our Children's Homestead will not routinely pay for Assistance to Youth beyond what is allocated in the per diem rate. Receipts showing expenses from previous months/days of care must be submitted if a special request is to be considered.

The following is a list of expenses that you are responsible for (*using Assistance to Youth portion of your per diem rate.*)

- Replace clothing not covered by monthly clothing allowance
- Lessons in recreation or artistic endeavors (i.e. music lessons, dance, athletic instrument)
- Membership fees & equipment for Boy Scouts, Girl Scouts, 4-H, YMCA, YWCA, etc.
- Gym Shoes & equipment
- Medical expenses not covered by the Healthy kids Program
- Musical instrument purchase or rental
- Camp expenses
- School trips
- Tutoring
- Graduating expenses
- Travel unrelated to placement
- Summer school fees
- Interpreter/translation expenses
- School supplies & transportation

PROFESSIONAL / DIFFICULTY OF CARE RATE

This portion of the foster parent per diem rate represents compensation for a higher level of involvement with the child as a result of the child's higher score on a level of care. It is recognized that professional treatment foster parents require more training, attend many special school staffings, make numerous visits to medical/psychiatric appointments, have more direct involvement with sibling and/ or parental visitation, and overall are more intensely involved with the child because of his/her specialized needs. The child's higher score on the **Level of Care** form is based partly on the fact that the foster parents are directly more involved with the care of the child (i.e. transportation, school staffings, etc.) This compensation serves to address the professionalism and difficulty of care involved with the children who have special needs and services. Per Diem reimbursement for traditional foster children does **NOT** contain this portion of compensation.

Any IL DCFS payments for Foster Children are paid as a daily rate and are disbursed on the 15th of each month. IL DCFS pays foster parents 30 days in arrears, meaning if you take a child on 01/08/15, the first payment you would receive for that child will be on 02/15. The month after a child leaves, you will receive your final payment for that child. (Example: If you took a child on January 1st, you would receive payment for having him from 01/01 to 01/15 on February 15th.



O.C.H. FOSTER TREATMENT PARENT RESPONSIBILITIES

I agree to do the following for as a Treatment Foster Parent of Our Children’s Homestead:

- Within **14 days of placement** of a new child into a home, I am responsible for transporting and ensuring each new client has an updated medical, dental, hearing, and vision evaluation regardless of the client’s last appointment.
- I agree to provide copies of the **medical, dental, hearing, and vision** exams to Our Children’s Homestead and keep a copy for my own personal records.
- I am responsible for **transporting** any/all foster children in my care to their mentoring, therapy, vocational, substance abuse, and any other vital appointments.
- I will **report to the agency** any/all detentions, suspensions, and changes that occur in school regarding the client.
- I will **inform the agency** of any medical, behavioral, or other emergency concerns which includes homicidal/suicidal thoughts, police contact, suspected/admitted substance abuse, runaways, medical refusal, and illnesses.
- I will **distribute medication** according to prescription instructions and document distribution as required by the program.
- I will notify agency prior to any change in residency (**before moving**).
- I will ensure **client attends all** his/her therapy, mentoring, vocational, tutoring, and any other mandated services.
- I will follow client **supervision plan** (if any) and **visitation plan** with siblings and parents.
- I understand that **I am responsible** for picking a child up from school if a crisis occurs during school hours, not the agency.
- I will protect the personal belongings of any child in my home that remains in my home during their absence. I understand that if I fail to ensure the child’s belongings are still intact upon their return and/or need of the items, up to \$100 can be withheld from my next board payment to replace these items.
- I will distribute client’s **monthly allowance as scheduled**. Please follow the below schedule:

TREATMENT FOSTER PARENT RESPONSIBILITIES SIGNATURE PAGE

I have read the Treatment Foster Parent Responsibilities, and I understand what my duties will be as a treatment foster parent for Our Children’s Homestead. I also understand that additional responsibilities may be included on a case-by-case basis.

Foster Parent

Date

Foster Parent

Date

Frequently Asked Questions about Foster Care – Page 1

What is treatment foster care?

Sometimes abused or neglected children need more intense services to be provided by the foster family who must possess additional skills to meet the individual needs of that child. Foster parents who either already have necessary skills, or are willing to be trained to meet the special needs of these foster children, may become part of a "specialized" or "treatment" foster care program providing intensive services. These foster families also receive a higher reimbursement rate and have increased training responsibilities.

What kinds of children need foster homes the most?

Many kinds of children will need foster homes. The children who currently need homes the most are:

- Teenage mothers and their babies / Children with special medical/mental health needs
- Siblings who need to be placed together / Adolescents that were born drug exposed

Can we pick out the child we want?

You can express a preference on the age, race, and sex of the child that you think would best fit in with your family. You do not have to accept a child that you do not want in your home.

Do all Treatment foster children have problems?

Most of them are struggling with challenges to some degree. Many are frightened and confused at the sudden separation from their parents. Some are angry. Others may think they are being sent to a foster home as punishment. These problems may gradually lessen, though, as a foster child comes to know that you care for him or her.

What kind of support will we receive?

Financial Assistance - Foster parents in "specialized" foster care programs receive a bi-monthly check in the form of a reimbursement to cover the board payment, difficulty of care rate, clothing and personal allowance.

Medical Care - Each foster child gets a medical card from the state which provides the child with necessary medical care and preventive medicine. You will be given a number to call to get help in selecting a physician for a child placed with you. The medical card is also accepted by many hospitals and for approved prescriptions.

Education Services - Foster children go to regular public schools. Private or parochial school tuition cannot be paid by Illinois DCFS. Foster children may attend private or parochial schools, but only if the tuition is paid by someone other than Illinois DCFS.

Personal Support - Your supervising child welfare agency and your child's caseworker are responsible for supporting your family on a daily basis. Each agency, including DCFS, has developed internal supports, which include foster parent support groups, newsletters, after hours crisis telephone numbers, and community resources.

Support from DCFS - The Department of Children and Family Services provides overall support to licensed private child welfare agencies with foster care programs, while maintaining its own foster care program. DCFS also directly provides universal foster care information and impartial advocacy for all foster families statewide.

How long does it take to get a foster child?

The licensing and training process takes from four to six months. You are eligible to have children placed with you once you have completed all requirements.

How will our children react to foster children?

If you've prepared them well and they understand the temporary nature of foster care, there should be few problems. It's not unusual for your children to be a bit jealous at first -- just as they might be jealous of a new baby in the family.

Can we take our foster child on vacation with us?

In most cases, yes. But if it involves out-of-state travel, you must call your child's caseworker in advance for approval.

What is the age range of children you serve at Our Children's Homestead?

The kids we serve are typically 10 – 18 years old, we very rarely get babies or toddlers.

How do I get in touch with a worker after the office has closed?

OCH has an on call pager system that is available 24/7, 365. You can call the OCH office and follow the prompts, you may need to leave a message regarding what your situation is. The on-call worker will then respond to you within 15 minutes with options or be able to get you further help.

Frequently Asked Questions about Foster Care – Page 2

Can single people care for foster children? Yes

How many Treatment foster children can we take? That depends on factors such as your ability, your enthusiasm, how many children you have of your own, and how much room you have in your home. The maximum number, including your own children, is set out by DCFS licensing standards. Every Specialized Foster Home needs to meet State standards. If you have five children in your home under the age of 18 you *do not* have the capacity to have a specialized foster child in your home.

Do foster children need individual bedrooms? No. A foster child can share a room with your children or other foster children of the same sex and under the age of 18. The child must have a bed of his or her own. A foster child **may not** share a bedroom with an adult except for brief periods due to the child's illness or another need for attention.

How much space is required for a child's bedroom? Every Treatment Foster Parent needs to be able to provide children with a place to sleep in a room apart from adults. There needs to be 40 square feet of room space for the first child. It would take an additional 35 square feet of space to provide a home for a second child. You *must* have at least two bedrooms to get licensed. Every Treat Foster Parents needs to provide a bed and bedding for each child that is in their care.

Can our foster children go to church with us? Yes. Sometimes, you will get children whose religious background is similar to your own. But if a foster child is of a different faith, he or she must be allowed to attend worship in that faith. If a child does not want to go to church, they cannot be forced.

Does a child's birth parents visit him or her? In most cases, yes. In fact, visits between parents and children are an essential part of the efforts to reunite families. The child's caseworker has the primary responsibility for planning visits and arranging supervision. The caseworker will talk with you and the child's parents to work out the time and location of the visits.

Can we ever adopt a Treatment foster child? The first goal is to return foster children to their families when that is possible. However, if a foster child who has been in your home for some time becomes available for adoption, you can discuss your interest in adopting him or her with the caseworker. At that time, you would have to meet all of the regular requirements for becoming an adoptive parent. For information on adoption in general, call the Adoption Information Center of Illinois at 1-800-572-2390.

Can I work outside the home and still be a Treatment foster parent?

Yes, as long as the child supervision needs are met. If you use a babysitter, they will need to go through a background check. Every Specialized Foster Parent needs to be financially stable. Applicants must have proof of a reliable source of income outside of Foster Parenting.

What will we know about the child before he/she is placed in our care? When receiving a placement that is new to OCH, you will get a phone call giving you information about the child's behavior patterns as well as limitations and areas they excel. You will become privy to detailed information and diagnosis once a commitment has been established. Next you will move into the visitation period. At that time you will be able to meet and get to know the child before placing the child in your home.

What do I do if I have child who I cannot control? If you have a child with which all resources have been expended and you feel you can no longer care for this child you would need to submit a written 14 day notice to the caseworker, supervisor, and the licensing specialist.

Who pays for medical and dental appointments? Each child has a Medicaid card through the State of Illinois that will cover medical expenses. There are phone numbers available for you to call which will give you access to places that the medical card.

Will my child need a therapist? If so, how often will they have therapy and where? Every treatment level child will have an assigned therapist that will meet with them weekly or bi-weekly depending on their treatment plan.

Do I need to have car? Every Treatment Foster Parent needs to have a mode of transportation to care for their child. That could be having your own vehicle or easy access to public transportation that would allow you to take children to all doctor visits, school meetings, and all other appointments.



APPLICATION ADDENDUM PAGE 1

1. What is your Marital Status? Single Married Civil Union Divorced Widowed Legally Separated
2. Applicant A: Are you employed outside of the home? Yes No
What is your source of income? Explain: _____
Employer: _____ Position: _____ Full Time or Part Time Hours: _____ Years: _____
- Applicant B: Are you employed outside of the home? Yes No
What is your source of income? Explain: _____
Employer: _____ Position: _____ Full Time or Part Time Hours: _____ Years: _____
3. Are you currently licensed as a Child Care Facility? Yes No If yes, what is your licensing number? _____
4. Do you or your spouse work for DCFS or through a personal service contract or subcontract with the Department? Yes No
5. Do you rent or own your home? Rent or Own Any living situation restrictions concerning the expansion of your family?
Yes No If yes, explain: _____
6. Do you plan to move from this home within six months? Yes No Within twelve months? Yes No
7. Number of bedrooms available for fostering? _____
8. Do you have a swimming pool? Yes No (If yes, refer to 402.8(d)).
Your pool must be in compliance with the rule in order to become a foster parent.
9. Do you own any firearms? Yes No (If Yes please refer to 402.8(l))
10. Are you a smoker? Yes No
11. Have you or any household member(s) been convicted of a crime other than a minor traffic violation (in accordance with Rules 385)? Yes No If Yes, explain: _____
12. Are you willing to provide the birthdates and social security numbers of all members in your household, and other family members as deemed necessary, upon applying for a license. Yes No
Define your family composition: _____
13. How many children under the age of 18 currently reside in your home, including children that visit frequently as part of a parent-child visitation? _____
14. Are you trying to become a foster parent for a particular child that is involved with another POS agency?
Yes No If Yes which agency? _____
15. Are you interested in becoming a foster parent for a child located in another state? Yes No
16. Are both applicants willing and able to meet the pre-service training requirement? Yes No
17. Are you able to provide names and full addresses for character references who know how you care for children?
Yes No If No, explain: _____



APPLICATION ADDENDUM PAGE 2

18. **Language:** Speaks language(s) other than English? Yes No If yes, indicate Language: _____
 Proficiency: Bilingual: _____ Fluent (read, write & speak): _____ Conversational (speak) _____

19. Are you interested in adopting only? Yes No

20. Would you be able to support the religious beliefs of children who do not share the same religious faith as you? Yes No

21. Do you practice any faith/religion? Yes No If so, what faith? (optional): _____

22. Are you open to providing care for 12 – 17-year-old youth? Yes No
 If No, indicate what age range is best? _____

Pets (If any, please describe): _____

What brought you to contact about foster parenting?
 Social media Foster Home recruitment event Television Another Foster Parent

Other: _____

Motivation for Fostering: Please explain: _____

- Preference? Special Needs Sibling Groups Gender- M/F/Neither High end Mental Health Medically Complex
 Developmentally Delayed Traditional LGBTQ youth Pregnant/Parenting Youth

If counseled out after completion of preliminary questions- go directly to page 4

Name(s) of Other Adults (18 and Older) Living in the Home & Relationship	Race/ Ethnicity (see key above)	Gender	Date of Birth	SSN/ITIN# Last 4 Digits (optional)	Name(s) of other adults (18 and Older) Living in the Home & Relationship	(Race/ Ethnicity (see key above)	Gender	Date of Birth	SSN/ITIN# Last 4 Digits (optional)
1.					4.				
2.					5.				
3.					6.				

Please Print – Last Name, First Name, Middle Initial, Date of Birth and Gender, of Any Child under 18 Living in the Home:					
Relationship	Date of Birth	Relationship	Date of Birth	Relationship	Date of Birth
1.	/ /	2.	/ /	3.	/ /
4.	/ /	5.	/ /	6.	/ /

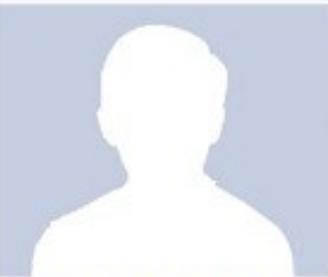
Quality of Care Concerns Applicant		
Has the inquirer or any person living in the household:	In the Last 5 Years	Over 5 Years
1. Have you ever been licensed? Y <input type="checkbox"/> N <input type="checkbox"/> If NO proceed to preliminary questions.		
2. Had an 'indicated' report of abuse or neglect	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, inform inquirer of statute language that prevents them from applying at this time
3. Surrendered a license for cause	Y <input type="checkbox"/> N <input type="checkbox"/>	
4. Had an expired or surrendered license while either an abuse or neglect investigation or licensing investigation was pending or an involuntary hold was placed on the home.	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes 1) inform inquirer of the criteria or criterion that identifies the individual as a Quality of Care Concerns Applicant 2) explain the application process 3) send the inquirer a Preliminary Application
5. Been the subject of allegations of abuse or neglect	Y <input type="checkbox"/> N <input type="checkbox"/>	
6. Had a license revoked or refused to renew	Y <input type="checkbox"/> N <input type="checkbox"/>	
7. Been the subject of licensing violation related to child health, safety and well-being that led to an involuntary hold.	Y <input type="checkbox"/> N <input type="checkbox"/>	
8. Been involved in one or more substantiated licensing complaints which were not corrected and resulted in enforcement action.	Y <input type="checkbox"/> N <input type="checkbox"/>	

Preference? Special Needs Sibling Groups Gender- M/F/Either High end Mental Health Medically Complex
 Developmentally Delayed Traditional LGBTQ youth Pregnant/Parenting Youth

Name(s) of Other Adults (18 and Older) Living in the Home & Relationship	Race/Ethnicity (see key above)	Gender	Date of Birth	SSN/ITIN# Last 4 Digits (optional)	Name(s) of other adults (18 and Older) Living in the Home & Relationship	(Race/Ethnicity (see key above)	Gender	Date of Birth	SSN/ITIN# Last 4 Digits (optional)
1.					4.				
2.					5.				
3.					6.				

Please Print – Last Name, First Name, Middle Initial, Date of Birth and Gender, of Any Child under 18 Living in the Home:			
Relationship	Date of Birth	Relationship	Date of Birth
1.	/ /	2.	/ /
4.	/ /	5.	/ /
		3.	/ /
		6.	/ /

Quality of Care Concerns Applicant		
Has the inquirer or any person living in the household:	In the Last 5 Years	Over 5 Years
	1. Have you ever been licensed? Y <input type="checkbox"/> N <input type="checkbox"/> If NO proceed to preliminary questions. 2. Had an 'indicated' report of abuse or neglect 3. Surrendered a license for cause 4. Had an expired or surrendered license while either an abuse or neglect investigation or licensing investigation was pending or an involuntary hold was placed on the home. 5. Been the subject of allegations of abuse or neglect 6. Had a license revoked or refused to renew 7. Been the subject of licensing violation related to child health, safety and well-being that led to an involuntary hold. 8. Been involved in one or more substantiated licensing complaints which were not corrected and resulted in enforcement action.	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	If yes, inform inquirer of statute language that prevents them from applying at this time If yes 1) inform inquirer of the criteria or criterion that Identifies the individual as a Quality of Care Concern Applicant 2) explain the application Process; 3) send the inquirer a Preliminary Application	If yes 1) inform inquirer of the criteria or criterion that identifies the individual as a Quality of Care Concerns Applicant 2) explain the application process 3) send the inquirer a Preliminary Application

[Change a Child's life](#)

Average OCH Foster Child

[+ 1 Respond to Home Request](#)[Wall](#)[Info](#)

This child wants to be part of a family that cares, [make a difference today](#), consider [filling out an application to become a foster parent](#).

About Them:

Basic Information**Gender:** Male / Female**Age:** 10-18

Wants and Needs:

Want: A warm home with a bed, someone who cares and will be**Need:** Attention, love, and a second chance

Other Information:

Well, I often have a hard time learning and I tend to be behind at school. Most people would describe me as someone who screams a lot, uses vulgar language, and I got home late. People have said that I have ADHD, Bi-Polar, Impulsive behaviors, Anxiety, and I get angry easy. I think that I am more than those labels.

A lot of times I do feel depressed, anxious, confused, unwanted, under attack, and alone. But, I also think that no one knows the real me, yet. I am still growing, learning, and watching how adults act. I have dreams, needs, and desires. I don't know the finished me yet, but I am working on it.

As a specialized foster child my characteristics could include one or more of the following: I might do things at time that don't make sense to you, I might want to be left alone; I might show signs of physical aggression when I am scared or confused; I might make light cuts on my arm; when I am really desperate, I might say that I will kill myself; because I saw others do it, I might have abused alcohol or drugs; I might have developmental delays; I might have hard time expressing my feelings; I might have a lack of motivation; I might not be able to understand what you are trying to say to me; I might try to push you away or shut you out, but that doesn't mean I want you to stop caring

Home: I've been in 1-10 foster homes, Hospitals, or group homes.**School:** I tend to be 1-3 years behind in school.[Care for/Add this child](#)[Sharing](#)