



Caregiver Interest Profile

Primary Interest: ☐ Foster ☐ Adopt ☐ Mentor ☐ Unsure

Age Range of Children Interested in Supporting: _____ Preferred Sex (if any): ☐ M ☐ F

Current Address: _____

Home Phone (if applicable): _____

Adult Household Members

Caregiver(s) Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced
☐ Widowed ☐ Unmarried Couple

Caregiver 1 Legal Name: _____ DOB: _____ Gender: _____

Prior or Maiden Name or Aliases (if applicable): _____

SSN: _____ Race: _____ Ethnicity: _____ Hispanic/Latino? _____

Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License #: _____

Place of Birth: _____ All States of Residence within past 5 years: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Caregiver 2 Legal Name: _____ DOB: _____ Gender: _____

Prior or Maiden Name or Aliases (if applicable): _____

SSN: _____ Race: _____ Ethnicity: _____ Hispanic/Latino? _____

Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License #: _____

Place of Birth: _____ All States of Residence within past 5 years: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Adult Household Member: _____ DOB: _____

Prior or Maiden Name or Ailases (if applicable): _____

SSN: _____ Race: _____ Ethnicity: _____

All States of Residence within past 5 years: _____

Relationship to Caregiver 1: _____

Adult Household Member: _____ DOB: _____

Prior or Maiden Name or Ailases (if applicable): _____

SSN: _____ Race: _____ Ethnicity: _____

All States of Residence within past 5 years: _____

Relationship to Caregiver 1: _____



Child Household Member: _____

DOB: _____ Gender: _____

SSN: _____ Race: _____ Ethnicity: _____

Relationship to Caregiver 1: _____

Child Household Member: _____

DOB: _____ Gender: _____

SSN: _____ Race: _____ Ethnicity: _____

Relationship to Caregiver 1: _____

Child Household Member: _____

DOB: _____ Gender: _____

SSN: _____ Race: _____ Ethnicity: _____

Relationship to Caregiver 1: _____

Child Household Member: _____

DOB: _____ Gender: _____

SSN: _____ Race: _____ Ethnicity: _____

Relationship to Caregiver 1: _____

Caregiver(s) Children NOT Living in the Home

Name: _____ Sex: _____ DOB: _____

Name: _____ Sex: _____ DOB: _____

Name: _____ Sex: _____ DOB: _____

Name: _____ Sex: _____ DOB: _____

Does either caregiver receive AFDC/Cash Assistance? ☐ Yes ☐ No

Have you ever applied for or been approved to be a foster or adoptive parent with another agency or State?

☐ Yes ☐ No If yes, Agency Name: _____ City/State: _____

Other Comments/Notes/Additional Household Members etc.:



Adam Walsh

Please complete this section if you have lived outside of Florida within the past 5 years.

How Many Years have you Lived at your Current Address: _____

Please provide all out of state addresses over the past 5 years:

_____	From: _____ To: _____

_____	From: _____ To: _____

_____	From: _____ To: _____

_____	From: _____ To: _____

_____	From: _____ To: _____

_____	From: _____ To: _____



Central Abuse Hotline Record Search

I/we, _____ and _____
(please print – first, middle, last name) (please print – spouse first, middle, last name, if applicable)

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were “verified indicators” of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: _____ Date: _____ Phone: _____

Print name legibly on
line, then affix signature

Spouse Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

Applicant: Last four digits of SSN: _____ DOB: _____ Race: _____ Sex: _____

Spouse: Last four digits of SSN: _____ DOB: _____ Race: _____ Sex: _____

Prior Name(s): _____

Current Address:	Address	City	County	State	Zip	Dates at Address

Previous Address:	Address	City	County	State	Zip	Dates at Address

Previous Address:	Address	City	County	State	Zip	Dates at Address

Reason for Record Search: ☐ Adoption Applicant (Chapter 63) ☐ DCF Employee (Chapter 39)
☐ Licensing/Registration Applicant (Chapters 39 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all household members ages 12 and older on page two of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY

☐ Foster Home/Shelter ☐ DD Foster Home ☐ Adoption

OCA and/or Facility ID: _____

Facility/Agency Name: _____ Phone: _____

Address: _____
Mailing Address City Zip Code

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Printed Name and Signature of Requesting Facility/Agency Representative

Date

[illegible]

- ☐ No records found with verified findings where the applicant was the caretaker responsible in the final role or, for licensing, in any role in three reports within a five year period.
- ☐ Records for an adoptive/foster home applicant are attached:
- ☐ Records for a private adoption applicant found for review are listed below:

[illegible]



RELEASE OF INFORMATION

I(we) hereby authorize the release of any information requested by the Department of Children and Families to be utilized in determining my(our) suitability to become

☐ a licensed out-of-home caregiver, or ☐ an adoptive parent.

I(we) hereby grant permission to the Department of Children and Families to obtain information from local, state, or federal law enforcement agencies to help determine my(our) suitability to serve as a foster parent or as an adoptive parent. I(we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my(our) participation in

☐ the licensed out-of-home care program, or ☐ the adoption program.

Applicant's Signature

Date

Applicant's Signature

Date

Household Member Signature

Date

Name of all household members aged 12-17 years old:



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date



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Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division



PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice

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Thank you for participating in the Level II licensing process. Support staff will be reaching out to you soon to schedule the first of 2 home visits required to complete the licensing process. Below is a list of items that you can begin preparing for this visit to help expedite the eligibility process. In addition to these items, support staff will complete a home study interview with all household members and will review documents with you that will need to be signed. There will be a support staff member working with you directly in your home and additional regulatory staff member with Embrace Families working behind the scenes to help expedite the process of becoming a Level II foster home for the children.

1. Valid driver's license: License must reflect current address.
2. Vehicle Insurance: If you own/lease a vehicle please provide a copy of a valid insurance card or have the card available for staff to take a picture of during the home visit.
3. Fire Extinguisher: A 2A10BC fire extinguisher is needed for each floor of the home. The extinguisher must also be inspected and tagged by a fire safety company.
4. Proof of Income: Paystubs, bank statements, or other written documentation can be provided that shows income for a period of 30 days and cannot be more than 90 days old.
5. Photos of your home: Support staff will need to take photos of the inside and outside of the home during their visit.
6. A floor plan will be needed of your home with identified evacuation routes. This can be hand drawn or a copy of the builder floor plan can also be used.
7. First Aid kit: First aid kit or supplies needs to be placed somewhere in the home that is easily accessible.
8. Medications and hazardous chemicals must be kept locked and inaccessible to children.
9. Smoke detectors are needed in the home. There must be a smoke detector in each bedroom area as well as at least one on each floor of the home.
10. A Home Health Inspection will be completed by the Support Staff during your visit. They will be looking at the overall physical safety of the home. If you have a well, please let your support staff know ASAP as a referral will need to be made to the health department to complete the health inspection. Missing the 3 items below are the most common reason for health inspections to be unsatisfactory.
 - Fridge Thermometer
 - Screens on Windows
 - Trash Can Lids
11. References will be gathered from two people familiar with you. Please provide name and contact info to support staff during the visit. References are gathered by the Caregiver Support



Agency. Please prepare the contacts you provide by letting them know that someone will be reaching out to them for a reference.

- a. 2 Personal References (per applicant if reference not known to both) – You must have known the person for more than 2 year and cannot be related to them
- b. Adult Child – References will be needed from all of your adult children
- c. School/Daycare – References will be needed from each of your children’s teachers

12. Support staff will ensure that you have items in place needed to care for the children including appropriate bedding and car seats (when applicable).

13. You will be asked to identify one adult who can be fully background screened as an emergency backup care provider. This person will have to complete paperwork be willing to submit to fingerprints and background screening. Your Caregiver Support worker will discuss with you during the home study process.

14. Educational Support: There are a few trainings to aid in the eligibility process that will help you become familiar with the child welfare system of care and working with the youth and service providers. Below are links to the trainings resources. Please ensure you print completion certificates or provide your support staff with a photo copy. These can be completed directly from a smart phone if necessary and a screen shot taken of completed certificates.

Psychotropic Medications – 1 Hour

<http://centervideo.forest.usf.edu/psychmedselearning/story.html>

HIPAA – 1 Hour

https://floridadcf.adobeconnect.com/_a302921195/hipaa2019internet/

Water Safety- This is only required if you have a pool, hot tub, or live adjacent to a body of water (lake/retention pond) – 1 Hour

<http://centervideo.forest.usf.edu/qpi/poolsafety/start.html>