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| |  | | --- | | **Commonwealth of Massachusetts**  **Department of Children and Families**  **Foster Care/Adoption Application** |  |  |  |  | | --- | --- | --- | | **Please indicate the program you are interested:** | Foster Care | Adoption |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Applicant Information** | | | | | | | | | | Prefix | Last Name | First Name | | | Middle Initial | | Suffix | | Maiden Name  *(if Applicable)* |  | Other Name(s) Used | |  | | | | | Home Address  *(Number and Street)* |  | | | | | | | | City |  | Zip | |  | | State |  | | | Home Phone |  | Work Phone | |  | | | | | Cell Phone: |  | Email: |  | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Co Applicant Information** **Same address as Applicant** | | | | | | | | | | | Prefix | Last Name | First Name | | | Middle Initial | | Suffix | | | Maiden Name  *(if Applicable)* |  | Other Name(s) Used | |  | | | | | | Home Address  *(Number and Street)* |  | | | | | | | | | City |  | Zip | |  | | State | |  | | | Home Phone |  | Work Phone | |  | | | | | | Cell Phone |  | Email |  | | | | | | | | | | |

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| **Emergency Contact Information**: | | |
|  | **Emergency Contact 1** | **Emergency Contact 2** |
| Name: |  |  |
| Contact Phone |  |  |

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| **Applicant Language Information:** | | | | | | |
| Primary Language |  | Speak | | Read | | Write |
| Other Languages |  | Speak | | Read | Write | |
| **Co Applicant Language Information:** | | | | | | |
| Primary Language |  | Speak | Read | | Write | |
| Other Languages |  | Speak | Read | | Write | |

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| **Are you interested in being a foster/adoptive home for a specific child?** | | | **YES** | **NO** |
| **If YES, please provide the following information:** | | | | |
| **Name of Child** | **Age or Date of Birth** | **Applicant’s Relationship to Child** | | |
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| **Section A: INITIAL ELIGIBILITY SCREENING INFORMATION** **PLEASE NOTE: The following information will be used by the Department to determine whether you meet the basic requirements for applying to become a foster or adoptive family. IF NOT APPLICABLE, WRITE “N/A.”** | | | |
| **1. Applicant Additional Information** | | | |
| Birth Sex |  | | |
| Gender Identity |  | | |
| Race(s) |  | | |
| Ethnicity |  | | |
| Date of Birth |  | Social Security Number |  |
| Place of Birth  *(City/State/Country)* |  | | |
| Country of Citizenship |  | Immigration Status**[[1]](#footnote-1)**:  (Only if not Us Citizen) |  |
| Current Marriage Date  *(if applicable)* |  | Prior Marriage, Divorce, Separation Dates or other**[[2]](#footnote-2)**  *(Start and End date)* |  |
| Cultural Identity: |  | Education:  *(Last Grade Completed)* |  |
| **Co Applicant Additional Information** | | | |
| Birth Sex |  | | |
| Gender Identity |  | | |
| Race(s) |  | | |
| Ethnicity |  | | |
| Date of Birth |  | Social Security Number |  |
| Place of Birth  *(City/State/Country)* |  | | |
| Country of Citizenship |  | Immigration Status:  (Only if not Us Citizen) |  |
| Current Marriage Date  *(if applicable)* |  | Prior Marriage, Divorce, Separation Dates or other**2**  *(Start and End date)* |  |
| Cultural Identity |  | Education:  (Last Grade Completed) |  |

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| **Applicant Employment Information:** | | | | | | | | | |
| Current Employment Status | | |  | | | | Name of Employer: |  | |
| Job Description | | |  | | | | | | |
| Hours/Days Worked | | |  | | | | Start Date |  | |
| **Co Applicant Employment Information** | | | | | | | | | |
| Current Employment Status | | |  | | | | Name of Employer |  | |
| Job Description | | |  | | | | | | |
| Hours/Days Worked | | |  | | | | Start Date |  | |
| **Applicant Income Information[[3]](#footnote-3)** | | | | | | | | | |
| Gross Annual Income | | |  | | | | | | |
| Income Sources  (List Sources including TAFDC/welfare, SSI or SSA for self/ others) | | |  | | | | | | |
| Please provide Income Verification  (If not from employment, i.e. benefit letter, paystub, etc.) | | | OPTIONAL  Please upload your documents here | | | | | | |
| **Co Applicant Income Information** | | | | | | | | | |
| Gross Annual Income | | |  | | | | | | |
| Income Sources  (List Sources including TAFDC/welfare, SSI or SSA for self/ others) | | |  | | | | | | |
| Please provide Income Verification  (If not from employment, i.e. benefit letter, paystub, etc.) | | | OPTIONAL  Please upload your documents here | | | | | | |
| **2. Family/Household Member Information [[4]](#footnote-4)**  Please provide the following information for ALL additional individuals living in your home, full-time or part-time, including children. If you need to include additional household members, please attach additional sheets as necessary. | | | | | | | | | | |
| **Household Member 1** | | | | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | | | | |
| Relationship to applicant(s) |  | | | | | Gender: | | |  | |
| Date of Birth: |  | | | | | SSN: | | |  | |
| Race |  | | | | | | | | | |
| Ethnicity |  | | | | | | | | | |
| Living at Home: | **YES** | | | | **NO** | School Grade / Occupation: | | |  | |
| **Household Member 2** | | | | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | | | | |
| Relationship to applicant(s) |  | | | | | Gender: | | |  | |
| Date of Birth: |  | | | | | SSN: | | |  | |
| Race |  | | | | | | | | | |
| Ethnicity |  | | | | | | | | | |
| Living at Home: | **YES** | | | | **NO** | School Grade / Occupation: | | |  | |
| **Household Member 3** | | | | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | | | | |
| Relationship to applicant(s) |  | | | | | Gender: | | |  | |
| Date of Birth: |  | | | | | SSN: | | |  | |
| Race |  | | | | | | | | | |
| Ethnicity |  | | | | | | | | | |
| Living at Home: | **YES** | | | **NO** | | School Grade / Occupation: | | |  | |
| **Household Member 4** | | | | | | | | | | |
| Name  *(Last, First, Middle)* | |  | | | | | | | | |
| Relationship to applicant(s) | |  | | | | | Gender: | |  | |
| Date of Birth: | |  | | | | | SSN: | |  | |
| Race | |  | | | | | | | | |
| Ethnicity | |  | | | | | | | | |
| Living at Home: | | **YES** | | **NO** | | | School Grade / Occupation: | |  | |

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| **3**.**Child Care Plan [[5]](#footnote-5):**  Please provide names of any person(s) other than yourself or your co-applicant who will provide day care and supervision **in your home** for any child(ren) placed with you: | | | | |
| **Child Care Person 1** | | | | |
| Name  *(Last, First, Middle)* |  | | | |
| Relationship to other applicant(s) |  | Gender: |  |
| Date of Birth: |  | SSN: |  |
| Race |  | | |
| Ethnicity |  | | |
| Nature of Contact: |  | | |
| **Child Care Person 2** | | | | |
| Name  *(Last, First, Middle)* |  | | | |
| Relationship to applicant(s) |  | Gender: |  |
| Date of Birth: |  | SSN: |  |
| Race |  | | |
| Ethnicity |  | | |
| Nature of Contact: |  | | |

**a. Please describe** any other child care or day care services you plan to use, or will need, to assist you in providing care and supervision: Please be aware that no pre-school age child in DCF foster/pre-adoptive care may be placed in work-related child care for more than 50 hours per week (or 25 hours per week for child in grade 1 or up while school is in session).

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| **Is someone providing licensed child care in the home?** | | | **YES** | **NO** |
| If **YES**, please list name of person(s) providing family-based child care services, the number and ages of children who are being cared for, and enclose a copy of the child care license: | | | | |
| Name: |  | Number and Ages of Children Being Cared For: |  | |
| If **YES**, have you notified your EEC licensor that you are applying to be a foster parent? | | | **YES** | **NO** |

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| **4. Frequent Visitor/Alternate Caretaker Information [[6]](#footnote-6):** Please provide the following information for other individuals who regularly spend time at the home, including family members, especially individuals who stay overnight and may provide care to any child in the home. If you need to include additional frequent visitors, please attach additional sheets as necessary. | | | | | | | | | | |
| **Frequent Visitor /Alternate Caretaker 1** | | | | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | | | | |
| Relationship to applicant(s) |  | | | | Gender: |  | | | | |
| Date of Birth: |  | | | | SSN: |  | | | | |
| Nature of Contact: |  | | | | | | | | | |
| **Frequent Visitor /Alternate Caretaker 2** | | | | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | | | | |
| Relationship to applicant(s) |  | | | | Gender: |  | | | | |
| Date of Birth: |  | | | | SSN: |  | | | | |
| Nature of Contact: |  | | | | | | | | | |
| 1. **Is someone caring for a disabled individual in the home?** | | | | | | | | YES | | NO |
| If **YES**, please explain who is receiving care, why and who is providing care; identify the agency, if any, that is supporting the care being provided: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Housing[[7]](#footnote-7)** | | | Own | Rent | How long at current address | | | |  | |
| Previous Address | | |  | | | | | | | |
| How long at Previous Address | | |  | | | | | | | |
| Please list any out of state addresses within the five years prior to application date: | | | | | | | | | | |

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| 1. **Firearms [[8]](#footnote-8)** |  |  |
| Do you or any member of your household have firearms? | YES | NO |
| If **YES**, please provide a list indicating each firearm, the type of firearm, and the type of license. | | |
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| 1. **Animals at Home [[9]](#footnote-9)** |  |  |
| Do you or any animals at home? | YES | NO |
| If **YES**, please list type(s) of pets, and if you have dogs, please indicate the breed, age and purpose (i.e., pet, service, farm): | | |
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| 1. **History as a Foster Care or Adoptive Family:** | |  |  |
| * 1. Have you applied to this or any other agency for foster care or adoption? | | YES | NO |
| If **YES**, please list agency name(s) and date(s) of application: | | | |
| Agency Name | Estimated Date of Application | | |
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| * 1. Are you or any member of your household now providing foster or pre-adoptive care? | | YES | NO |
| If **YES**, please list the name of person(s) providing foster/pre-adoptive care and identify the placement agency: | | | |
| Household Member Name | Agency Name | | |
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| **CORI Checks of Foster/Pre-Adoptive Applicants [[10]](#footnote-10)** | | |
| Please be aware that DCF will conduct a search of Massachusetts Criminal Offender Record Information, Sex Offender Registry Information and child welfare records to determine if you, or any member of your household, has a history of previous involvement with DCF or criminal conduct which would make your home not eligible for the placement of foster children. If you have previously lived in a state other than Massachusetts or in a U.S. territory or on an Indian reservation within the past 5 years, you are requested to provide comparable information from that state or other authority’s child welfare systems. Please also be aware that DCF may make collateral contacts with any other individuals regarded by DCF as useful to the determination of whether you are eligible to apply to become a foster or adoptive family for DCF. If you are eligible to apply, DCF will require that you and any members of your household age 15 and older be fingerprinted through a DCF authorized fingerprinting facility. There is no cost to you for fingerprinting. If you provide child care in your home, DCF may contact, or exchange information with, the Department of Early Education and Care concerning the children you provide child care to and the children DCF places in your home. | | |
| **FAILURE TO ANSWER THE FOLLOWING QUESTIONS OR TO PROVIDE THE INFORMATION REQUESTED REGARDING ANY HISTORY OF CHILD ABUSE OR NEGLECT OR CRIMINAL CONDUCT IS CAUSE FOR MANDATORY DISQUALIFICATION FROM BECOMING A DCF FOSTER OR ADOPTIVE FAMILY.** | | |
| 1. **Crimes:** | | |
| Have you or any member of your family or household ever been charged with, or convicted of, a crime (as an adult or as a juvenile, including any incident where a record was sealed, or the disposition was dismissed, continued without a finding, vacated, filed or not processed)? Has a temporary or permanent protective order ever been issued against you or a member of your household [i.e., under MGL c. 208 (divorce); MGL c. 209 (abandonment in marriage); or MGL c. 209A (abuse prevention)]? | YES | NO |
| If **YES**, please explain: | | |
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| 1. **DCF Involvement:** | | | |
| Have you or any member of your family or household ever been a client of this Department, as an adult or as a child (e.g., a recipient of CHINS/CRA or voluntary services), or the subject of a 51A (i.e., a report of child abuse or neglect), or have you received comparable services from another state, U.S. territory or tribal authority? | | YES | NO |
| If **YES**, please explain and provide approximate dates of service: | | | |
|  | | | |
| I hereby apply to be a foster or adoptive parent.  I agree to participate in the DCF approved pre-licensing training and parenting group for preparation and assessment that is required for the type of license I am seeking.  I further agree to release any information necessary for this application/evaluation and to allow an inspection of my home.  I understand that DCF will obtain references, make inquiries regarding any child abuse or criminal record, and that any falsification or withholding of information on this application may be grounds for my denial as a foster or adoptive parent.  I agree that DCF may make collateral contacts with any individuals named in this application, as well as other individuals regarded by DCF as useful to evaluation of this application, including references from other foster care or adoption agencies.  I agree that DCF may provide information about me and my household members with the Department of Early Education and Care if I currently or in the future provide child care under a license issued by DEEC.  I understand it is my obligation to report any change in circumstances regarding housing, health, household membership (including all individuals who spend substantial time—especially overnights—in my home), pets/animals and/or other background information provided in this application.  I also understand that, upon licensing as a foster or adoptive parent, I become a "mandated reporter" and will be required to report suspected child abuse and neglect to the Department. | | | |
|  | | | |
| *(Applicant Signature)* | *(Date)* | | |
|  | | | |
| *(Co Applicant Signature)* | *(Date)* | | |

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| Appendix 1: |
| 110 CMR: 7.105 DEPARTMENT OF CHILDREN AND FAMILIES  Standards for Foster/Pre-Adoptive Homes |
| In order to be licensed as a foster/pre-adoptive parent, a foster/pre-adoptive parent applicant must live in a home which meets the requirements of 102 CMR 5.10(4) and the following requirements:   1. The home must be clean; safe; free of obvious fire and other hazards; and of sufficient size to accommodate comfortably and appropriately all members of the household and the approved number of foster/pre-adoptive children. 2. The home must have safe and adequate lighting, ventilation, hot and cold-water supply, plumbing, electricity, and heat. 3. The home must be furnished with a refrigerator and cooking stove in safe, working condition. 4. No foster child over one year of age shall share a bedroom with an adult, except if the foster children had been sharing a bedroom in the foster home prior to their 18th birthday and one of the children turns 18 years of age. 5. The home must have sufficient furniture to allow each child to sleep in a separate bed and to have adequate storage space for his or her personal belongings. 6. No foster child over four years of age, except for siblings up to age eight, shall share a bedroom with a child of the opposite sex. 7. The home must have bedrooms which provide at least 50 square feet per child, except the Department may waive this requirement for kinship homes if the bedrooms provide at least 35 square feet per child, and shall accommodate no more than four children per bedroom. 8. No bedroom to be used by foster children shall be located above the second floor unless any such floor has two safe means of egress. 9. No bedroom to be used by foster children shall be located below the first floor unless it contains a ground level, standard door exit and at least one operable window. 10. Each floor of the home, including the basement, shall be equipped with smoke detectors in working order. 11. If the home uses well water, it shall be tested and determined safe, and a report of the test shall be furnished to the Department 12. No more than four foster children shall reside in the foster/pre-adoptive home at any one time, and at no time shall the total number of children residing in the foster/pre-adoptive home exceed six. Of the total of six children being cared for in the foster/pre-adoptive home, up to two children may be age 24 months or younger; however, only one child may be age one month or younger, provided however: 13. The Regional Director whose are office oversees the foster/pre-adoptive home may authorize additional children in to be placed in a foster/pre-adoptive home under the following circumstances, as long as the total number of foster children in the foster home does not exceed six and the total number of children in the home does not exceed eight : 1. in the event of a multiple birth to allow siblings under the age of one month to be placed together; or 2. for an emergency short-term placement in a Hotline, respite, or family child care home; or 12/12/08 110 CMR: DEPARTMENT OF CHILDREN AND FAMILIES 3. to place siblings together; or 4. for the replacement of a foster/pre-adoptive child in a foster/pre-adoptive home where she or he previously resided; or 5. to place siblings together where one sibling is already residing in the foster/preadoptive home; or 6. to place siblings together where one or more of the siblings has a previously established relationship with the foster/pre-adoptive home. A capacity waiver for reasons 110 CMR 7.105(12)(a)1.,2., or 3, is not permitted unless there are no more than three foster children in the home and no more than five children in the home at the time the waiver is granted. |

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| Appendix 1: Continued |
| (b) The Commissioner/designee may authorize the placement of additional children in a foster/pre-adoptive home over the 4/6 limits outlined above for any reason other than the reasons listed in 110 CMR 7.104(12)(a) when the placement of a child(ren) is in the best interest of the child(ren) and the Commissioner/designee has received a recommendation of a Department clinical review team and consulted with professionals or others involved with the child(ren). The Department may limit the number of children placed in a foster/pre-adoptive home during the first six months a home is licensed. For the purpose of 110 CMR 7.000, the Department includes in the four/six limits any youth over the age of 18 who is in the Department’s care or custody unless the youth receives care and maintenance payments directly. Commentary: The Department establishes capacity limits regarding the maximum number of foster/pre-adoptive children a family can accept for a number of reasons. By limiting the number of children placed with a foster/pre-adoptive family, the Department seeks to ensure that the family is able to meet each placed child’s needs as well as those of other household members. The Department is particularly concerned that the family is able to meet these needs on the sustained, intensive level required when caring for children who have been abused or neglected, while carrying out their other responsibilities in this important partnership role.  (13) Any home which is used for family childcare must be in compliance with the requirements of the EEC, as set forth in 102 CMR 8.07 and 8.09.  (14) The home may not have any household member, frequent visitor or alternative caretaker who would, in the judgment of the Department, pose a threat of abuse or neglect to foster children placed in the home, or who would impede or prevent the provision of adequate foster care in the home.  (15) The home must be equipped with a telephone in working order for both incoming and outgoing calls.  (16) Any firearm located in the home shall be licensed and registered in accordance with state law and shall be trigger-locked or fully inoperable, and stored without ammunition in a locked area. Ammunition shall be stored in a separate locked area.  (17) Any pet/animal maintained on the premises of the foster/pre-adoptive home must have up to date vaccinations, rabies shots, and be licensed in accordance with the municipality in which the pet/animal is maintained.  (18) No foster child under the age of 12 will be placed in a home where a Rottweiler, Pit Bull or German Shepard dog, or a mixture of the these three breeds, is maintained on the premises of a foster/pre-adoptive home, unless the Department after review determines that such a placement is in the best interest of the child(ren), except for a dog which is being used as a service animal for a household member whose disability has been verified.  *See Regulations 110 CMR 7.100 – 7.200, 110 CMR 10.10 and 110 CMR 18.000 et seq. for more information.* |

**Additional Household members**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Member 5** | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | |
| Relationship to applicant(s) |  | | | | Gender: | |  |
| Date of Birth: |  | | | | SSN: | |  |
| Race |  | | | | | | |
| Ethnicity |  | | | | | | |
| Living at Home: | **YES** | | | **NO** | School Grade / Occupation: | |  |
| **Household Member 6** | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | |
| Relationship to applicant(s) |  | | | | Gender: | |  |
| Date of Birth: |  | | | | SSN: | |  |
| Race |  | | | | | | |
| Ethnicity |  | | | | | | |
| Living at Home: | **YES** | | | **NO** | School Grade / Occupation: | |  |
| **Household Member 7** | | | | | | | |
| Name  *(Last, First, Middle)* |  | | | | | | |
| Relationship to applicant(s) |  | | | | Gender: | |  |
| Date of Birth: |  | | | | SSN: | |  |
| Race |  | | | | | | |
| Ethnicity |  | | | | | | |
| Living at Home: | **YES** | | **NO** | | School Grade / Occupation: | |  |
| **Household Member 8** | | | | | | | |
| Name  *(Last, First, Middle)* | |  | | | | | |
| Relationship to applicant(s) | |  | | | | Gender: |  |
| Date of Birth: | |  | | | | SSN: |  |
| Race | |  | | | | | |
| Ethnicity | |  | | | | | |
| Living at Home: | | **YES** | **NO** | | | School Grade / Occupation: |  |

**Additional Frequent Visitors/Alternate Caretakers**

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| **Frequent Visitor /Alternate Caretaker 3** | | | |
| Name  *(Last, First, Middle)* |  | | |
| Relationship to applicant(s) |  | Gender: |  |
| Date of Birth: |  | SSN: |  |
| Nature of Contact: |  | | |
| **Frequent Visitor /Alternate Caretaker 4** | | | |
| Name  *(Last, First, Middle)* |  | | |
| Relationship to applicant(s) |  | Gender: |  |
| Date of Birth: |  | SSN: |  |
| Nature of Contact: |  | | |

1. ***Immigration Status:*** *A foster/pre-adoptive applicant must be a citizen of the United States or been granted legal permanent resident status, asylum, refugee or other indefinite legal status by U.S. Immigration officials.* [↑](#footnote-ref-1)
2. ***Prior Marriage, Divorce, Separation Dates, or other:*** *Please see EEC Regulations 102 CMR 5.10 for more information on evidence of birth certificates, marriage certificates and/or divorce decrees.* [↑](#footnote-ref-2)
3. ***Household Income:*** *A foster/pre-adoptive parent applicant shall maintain a household that has sufficient income and appropriate fiscal management to maintain stability and security without foster or adoptive parent reimbursement or subsidies. Foster/adoptive reimbursement and subsidy shall be used to meet the individual needs of the child.* [↑](#footnote-ref-3)
4. ***Household Member****: Any individual, regardless of age, who resides, or spends substantial time at the home. This may include, but is not limited to, a non-custodial parent who visits the home; relatives, paramours and/or other individuals who spend overnights in the home; an individual who routinely babysits in the home and/or assumes some degree of caretaking responsibility, in the home, for any child in that home. Any individual, regardless of age, who resides in the home, who moves into the home with the intent to make it their residence, or who is temporarily visiting for more than 30 calendar days. Children/young adults in DCF care or custody are not considered household members of the foster/pre-adoptive home for the purpose of the policy.* [↑](#footnote-ref-4)
5. ***Child Care****: The prospective applicant must have sufficient time and availability to be a foster/ pre-adoptive parent(s). A foster/pre-adoptive parent may place a foster/pre-adoptive child in work-related child care for no more than 50 hours per week for a pre-school age child or 25 hours per week for a child in grade 1 or up while school is in session.* [↑](#footnote-ref-5)
6. ***Frequent Visitor / Alternate Caretaker*** *Any individual who does not live in but spends substantial time in the home, regardless of the reason or purpose of their visitation. Such visitors may include, but are not limited to: non-custodial parent(s); relatives; significant others; baby-sitters; caregivers; and other individuals who perform a caregiving role for* ***any*** *child in that home.* [↑](#footnote-ref-6)
7. ***Stable Housing History****: The family/individual has a stable housing history and current housing which meets the Department’s physical requirements and currently has sufficient space to accommodate at least one additional household member within the Department’s limits for maximum number of children residing in the home.* [↑](#footnote-ref-7)
8. ***Firearms:*** *Any firearm located in the home shall be licensed and registered in accordance with state law and shall be trigger-locked or fully inoperable, and stored without ammunition in a locked area. Ammunition shall be stored in a separate locked area.* [↑](#footnote-ref-8)
9. ***Animals at Home:*** *Any pet/animal maintained on the premises of the foster/pre-adoptive home must have up to date vaccinations, rabies shots, and be licensed in accordance with the municipality in which the pet/animal is maintained.*

   *No foster child under the age of 12 will be placed in a home where a Rottweiler, Pit Bull or German Shepard dog, or a mixture of these three breeds, is maintained on the premises of a foster/pre-adoptive home, unless the Department after review determines that such a placement is in the best interest of the child(ren), except for a dog which is being used as a service animal for a household member whose disability has been verified.* [↑](#footnote-ref-9)
10. ***CORI Checks of Foster/Pre-Adoptive Applicants:*** *All applicants seeking to provide foster care or pre-adoption services must demonstrate their suitability to meet the licensing state criminal history standards through a nationwide fingerprint-based criminal history check for themselves. Nationwide fingerprint-based criminal history checks are completed only on applicants.* [↑](#footnote-ref-10)