Foster and Adoptive Parent

Orientation Packet

Eckerd CONNECTS™
COMMUNITY ALTERNATIVES

Welcome to the foster care family!

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Content Forms:

- Family Profile
- Address History Request
- Financial Capability & Budget
- Release of Information

If you are ready to learn more about fostering and/or adoption, please complete the Orientation Packet and return to the Licensing Department at:

Email: ECALicensingfoster@eckerd.org
Fax: (727) 456 0640
Mail: Eckerd Connects | Community Alternatives
8550 Ulmerton Road, Suite 130
Largo, FL 33771
Attn: Diane Johnson

You can expect to be contacted by an agency representative who will assist in answering any additional questions and discuss next steps.

Should you have any additional questions, please contact Diane Johnson at: djohnson@eckerd.org or (727) 456-0600, ext. 2085.

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FAMILY PROFILE

Interested in:	☐Fostering ☐Adopting ☐Undecided	
	Prospective Parent #1	Prospective Parent #2
Full Name		
Previous/Maiden Names		
Date of Birth and Age		
Social Security Number		

Home Address		
Home Telephone Number		
Work Numbers		
Work Schedules (Include Commute Time)		
Cell Phone Numbers		
Email Addresses		
Fax Number (If Applicable)		

Languages Spoken		
Race		
Ethnicity/Culture		
Gender		
Country of Birth		
Driver's License Number		
Relationship Status		

OTHER HOUSEHOLD MEMBERS

(Use additional paper if necessary)

Name	Relationship to the Caregivers (birth, foster, adoptive, in-law)	Date of Birth/ Age	Social Security Number	Race/ Ethnicity	Gender	Occupation/ School Grade

OUR ADULT CHILDREN LIVING AWAY FROM HOME

Use additional paper if necessary. If other than biological, specify who are adoptive/step parents, etc.)

Name	Date of Birth	Address	Phone Number	Relation

Sensitive Subjects

As partners in the foster care or adoption team, you may find that the special circumstances of the child placed in your home will require that you talk with the child or child welfare workers about what we call "sensitive subjects." These sensitive subjects concern things about which people don't often talk. In foster care and adoption work, these sensitive subjects may be adult separation, divorce, death, sexual issues including sexual abuse, mental illness, angry emotions, sad emotions, and use of alcohol or drugs. Because we are making a very important decision together about your family's fostering or adopting, we will be discussing subjects that often are not discussed outside the family. We don't want to offend you or make you feel uncomfortable, but we do need to know in order to help you and us in the decision-making process. With this explanation in mind, then, please answer the questions in the Profile as openly and honestly as you can. Thank you.

Medical and Personal Information on Household Members:

1. Is any family member currently under the regular care of a doctor?

   ☐ Yes ☐ No If "Yes," please explain:

   _____
   _____
   _____

2. Is anyone in your family taking medicine prescribed by a doctor?

   ☐ Yes ☐ No If "Yes," please explain:

   _____
   _____
   _____

3. Is any family member currently under the care of the psychologist, psychiatrist, or other therapist?

   ☐ Yes ☐ No if "Yes," please explain:

   _____
   _____
   _____

4. Does any family member have any serious or chronic medical condition?

   ☐ Yes ☐ No If "Yes," please explain:

   _____
   _____
   _____

5. Does any family member now have, or previously had, nervous or emotional difficulties?
   ☐ Yes ☐ No If "Yes," please explain:

   _____
   _____
   _____

6. Does any family member use drugs (other than prescribed by a doctor)?
   ☐ Yes ☐ No

   Has any family member been treated for drug abuse?
   ☐ Yes ☐ No If "Yes," please explain:

   _____
   _____
   _____

7. Does any family member frequently drink alcohol?
   ☐ Yes ☐ No if "Yes," please explain:

   _____
   _____
   _____

8. Has any family member experienced sexual abuse or attack?
   ☐ Yes ☐ No If "Yes," please explain:

   _____
   _____
   _____

9. Has any family member ever been sexually involved with a child?
   ☐ Yes ☐ No If "Yes," please explain:

   _____
   _____
   _____

10. Is any family member planning to be admitted to the hospital soon?
    ☐ Yes ☐ No If "Yes," please explain:

_____
_____
_____

11. Name, address, and phone of family physician:

_____
_____
_____

Legal Information on Household Members

1. Has any household member been involved in a civil or criminal matter which may or may not have resulted in arrest, a domestic violence injunction (either as the petitioner or respondent), or driving violations?
   ☐ Yes ☐ No If "Yes" please give details:
   _____
   _____
   _____

2. Have any household members been involved in a child abuse investigation?
   ☐ Yes ☐ No If "Yes" please give details:
   _____
   _____
   _____

Additional Questions

1. Are you requesting to be licensed for a particular child that is already in the system? If so, list the child and their case manager's name?
   _____

2. Does your home have enough space to provide for a child? Please describe where a foster child will sleep in your home.
   _____

3. Have you ever held a license or registration for the care of children or adults with any state or county agency? If yes, please identify where and when license was held and what type of program the license was for.
   _____
   _____
   _____

4. Please tell us anything else you would like us to know about you. List any concerns or questions you would like us to address.

_____

_____

_____

5. What type of child/children do you feel most equipped to parent? List the number of children you are able to accommodate, preferred ages, and gender (if preferences exist).

_____

_____

_____

By the signatures listed below, I/we hereby affirm that all the information provided herein is complete, accurate, and true to the best of my/our knowledge. It is my/our understanding that my/our e-mail address may be shared with other workers within the agency.

_____	_____	_____
Prospective Parent #1 Name	Signature	Date
_____	_____	_____
Prospective Parent #2 Name	Signature	Date

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Address History Request

In accordance with Florida Administrative Code 65C-13, background screenings are required for all applicants, household members (12 and above), and extended overnight caregivers. Please list any prior residences in or out of Florida where you have resided for a period of 2 weeks or longer.

Name: _____ **Signature:**_____

Dates (Start-End)	Street Number & Name, City, State, and Zip Code

Name: _____ **Signature:**_____

Dates (Start-End)	Street Number & Name, City, State, and Zip Code

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FINANCIAL CAPABILITY & BUDGET

	Caregiver 1 Name:		Caregiver 2 Name:	
1. Current Employer/Title				
2. Employer's Address				
3. Length of Current Employment				
4. Hours and Shifts Worked				
5. Gross Monthly Salary (If paid weekly or bi-weekly, calculate into monthly amount.)	$		$	
Net Monthly Income	$		$	
6. Additional Support or Income				
• Social Security Benefits	$		$	
• Retirement Benefits	$		$	
• Temporary Cash Assistance	$		$	
• Disability Benefits	$		$	
• Other (Indicate Source)	$		$	
• Other (Indicate Source)	$		$	
7. Total				

Who manages the money in your household and how are financial decisions made?

_____

_____

Are you able to financially provide for your family and a potential foster child for 6 weeks or longer without depending on a check from the department?

_____

_____

What type of savings account, investments, etc are you able to access if needed?

_____

_____

Have you recently experienced any financial stress, which may or may not include bankruptcy, foreclosure, heavy dept, etc.? Please explain.

_____

_____

Are you currently receiving assistance through any programs such as Medicaid, food stamps, Section 8, etc? If so, please explain your need for this.

_____

_____

FINANCIAL CAPABILITY & BUDGET

Please estimate average monthly expenses to the best of your ability. Please attach pay stubs and/or most recent tax return.

		Monthly Payments	Balance
1.	Home:		
	Rent ( ) or Mortgage ( )	$_____	_____
	Property Taxes	$_____	_____
	Property/Renters Insurance	$_____	_____
2.	Utilities:		
	Electricity/Gas	$_____	_____
	Telephone	$_____	_____
	Water/Trash	$_____	_____
	Cable/Internet	$_____	_____
3.	Medical Bills	$_____	_____
	Health Insurance	$_____	_____
	Life Insurance	$_____	_____
6.	Other Expenses:		
	Auto Payments	$_____	_____
	Auto Insurance	$_____	_____
	Gas	$_____	_____
	Food	$_____	_____
	Child Care	$_____	_____
	Child Support Payments	$_____	_____
	Recreational Activities	$_____	_____
	Other Expenses	$_____	_____
7.	Accounts/Loans (department stores, credit cards, banks, student loans, etc.)		
	_____	$_____	_____
	_____	$_____	_____
	_____	$_____	_____
	_____	$_____	_____
	_____	$_____	_____
	TOTAL	$_____	_____

_____ _____

Caregiver #1 Signature Date

_____ _____

Caregiver #2 Signature Date

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Release of Information

I (We) hereby authorize the release of any information including legal, social, psychological, medical, financial, and educational requested by Eckerd Connects to be utilized in determining or re-determining my (our) suitability to be a foster parent, adoptive parent, baby-sitter, or adult household member in a foster home.

I (We) hereby grant permission to Eckerd Connects to obtain information from local, state, or federal law enforcement agencies to help determine or re-determine my (our) suitability to serve as a foster parent, adult household member in a foster home, or extended overnight caregiver. I (we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my (our) participation in the foster care program.

Pursuant to Florida Statute 39.202(2)(a)5, I (we) hereby authorize Eckerd Connects to make inquiry of the central abuse registry and tracking system in regard to the existence of any confirmed report of abuse, neglect, or exploitation and the results of any investigation pursuant hereto.

I (We) hereby authorize Eckerd Connects to share obtained information with the Department of Children and Families.

This authorization remains in effect until requested otherwise and in writing by the person(s) signed below.

FOSTER PARENTS, ADULT HOUSEHOLD MEMBERS, & EXTENDED OVERNIGHT CAREGIVERS:

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

NOTE: All adult members (age 18 and over) of the household will be responsible for granting consent to these record checks. A copy of the above authorization shall be as valid as the original.