



Dear Prospective Respite and Alternative Care Providers,

Thank you for your inquiry in regards to the respite/alternative care programs here at Focus on Youth, Inc. We are a private agency specializing in treatment foster care and special needs adoptions. Many of the youth we serve have a history of some form of abuse or neglect. As a faith-based agency, we are dedicated to providing the support and encouragement children and families need to ensure their success.

Respite/alternative care providers play an integral role in supporting foster parents by providing short-term care for children when their foster parents need a "break" from the constant demands of caring for children. Becoming a respite/alternative care provider is not difficult, but it does take time, energy, and commitment.

We wish to make this a simple and rewarding process for you. I have attached a list of the requirements necessary to complete the approval process. Please contact me with any questions and/or to make arrangements to begin the approval process at (513) 644-1030. I look forward to hearing from you soon.

Sincerely,

A handwritten signature in black ink that reads "Leah Weimer MSW, LSW". The signature is written in a cursive style.

Leah Weimer, MSW, LSW
Placement Services Supervisor

Focus on Youth, Inc.
8904 Brookside Avenue
West Chester, OH 45069
513-644-1030
www.focusonyouth.com



Requirements for Respite/Alternative Care

- ❖ Application for Alternative Care (Childcare) and/or Respite Care Approval. This includes 3 personal references
- ❖ Local Crime Checks for all adult household members *
- ❖ County Crime Checks for all adult household members *
- ❖ BCI&I (State) Fingerprints in state of residency for all adult household members *
- ❖ FBI (Federal) Fingerprints for all adult household members *
- ❖ Pet form and Pet vaccination documentation
- ❖ Safety Audit * (Please note: all prescription and non-prescription medications must be locked up.)
- ❖ Current copy of Driver's License
- ❖ Current copy of Vehicle Liability Insurance
- ❖ Release of Information and various other agency forms
- ❖ Butler County and Hamilton County Releases to complete crime checks
- ❖ Central Registry Checks (Attention! This must be completed immediately as it takes 6 to 8 weeks to get this back from the state!)
- ❖ A brief interview to be conducted by the assigned social worker

* These items must be updated annually for all household members.

To provide any overnight care: Applicants must receive 12 hours of training. A list of the approved trainings is attached. Some exceptions may apply.

**Please note: The Ohio Administrative Code and county contract requirements may change at any time. When there are changes, we will keep you posted so that your eligibility to provide service is always appropriately updated.



FOCUS ON YOUTH, INC.

APPLICATION FOR CHILDCARE AND RESPITE CARE APPROVAL

Applicant #1 Name (Please Print)				Applying to provide: o Alternate Care o Respite Care	Date of Birth:	Driver's License Number:
First	Middle	Last	(Maiden)		Social Security Number:	
Applicant #2 Name (Please Print)				Applying for: o Alternate Care o Respite Care	Date of Birth:	Driver's License Number:
First	Middle	Last	(Maiden)		Social Security Number:	
Street Name & Address		(Apt. or Lot #)	City	State	Zip Code	County
Email Address						
Home Telephone Number: ()		Home Fax Number: ()		Cell Telephone Number:		
Directions to home from agency: _____						

How were you referred to the agency: _____						

What is your motivation to provide services for children? _____						

HOUSEHOLD MEMBERS

List all other persons living in the household including names, birth dates, and relationship to you.

Name:	Date of Birth:	Relationship:

CRIMINAL HISTORY

(Please include any arrests or convictions of Driving Under the Influence (DUI) or Driving While Intoxicated (DWI))

Does any person 12 or older living in the home have a criminal history? Yes No If yes, please list:

Name	Offense	City and State	Approximate Conviction Date	Sentence





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REFERENCES

Please provide four references. One should be the FOY foster parent/representative that referred you to the agency.

Reference Name	Relationship	Phone Number	Street Address	City	State	Zip Code
Email address:						
Email address:						
Email address:						
Email address:						

EXPERIENCE WITH CHILDREN/ SPECIALIZED SKILLS

Describe your experience with children other than your own. This may include employment and/or volunteer work.

Please list any special experience or skills you may have caring for children with special needs.

Please list any special skills or training you have (bilingual, CPR certified, etc.).

Have you ever been or are you currently certified as a foster caregiver in this state or any other state? Yes No

Have you ever applied for or been approved to adopt a child in this state or any other state? Yes No

Have you ever applied for or been approved to be a state certified child care provider? Yes No

If you answered yes to either of these questions, explain here, and identify the agency involved. _____





Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes not so positive. Please tell us about any contact either applicant has had with a child welfare agency (Children Services, Child mental health facility, community child serving agencies, etc.). Please give the name of the agency, approximate dates of contact and what the contact involved. Include both positive and negative experiences.

Check here if you have no experience with child welfare agencies

TYPE OF CHILD WILL CONSIDER

Please list the Focus on Youth foster families you already have a relationship with and would be interested in providing childcare or respite care services for:

- Would you be willing to provide childcare services for other Focus on Youth foster families? Yes No N/A
- Would you be willing to provide respite care services for other Focus on Youth foster families? Yes No N/A
- Would you be willing to provide transportation for children to visits, therapy, etc. while they are in your care? Yes No

STATEMENT OF UNDERSTANDING

- I/we understand that this is an application only and additional documents will be required. This will include: criminal background check, interviews, safety inspection of your home, references, and other information or documentation requested by the agency. Failure of an applicant to provide required information or documentation or to attend required training (respite providers only) will render this application incomplete and the agency's file on the application will be closed.
- This application does not represent a final commitment on either side. Any childcare and/or respite care services will be by my/our mutual agreement.
- I/we certify that the information contained in this application is accurate and complete to the best of my knowledge
- I/we understand that providing materially false information will prevent the agency from considering my/our home for childcare and/or respite care services and is grounds for denial or revocation of a foster home certificate.
- If there is any significant change affecting health, marital status, residence, family composition or household occupants, employment or criminal charges, I/we agree to notify the agency promptly.
- I/we give permission to the agency to contact any references or agency or association for information regarding any work or involvement with the supervision of a child which I/we have done.

Applicant Name (please print)	Signature	Date
Applicant #1		
Applicant #2		





Local/County Checks- Hamilton County: <http://www.hcso.org/records-checks/>

Mail in procedure:

1. Write a letter giving Hamilton County Sheriff's Office permission to complete a background check. The letter needs to include the following:
 - a. Full name
 - b. Sex
 - c. Race
 - d. DOB
 - e. SS #
2. The letter needs to be signed and dated.
3. Include a copy of your Driver's License or State ID.
4. Include a self-addressed stamped envelope to send back the records check.
5. Include \$5, either cash or money order.
6. Send the letter to:

Hamilton County Sheriff Records
1000 Sycamore Street, Room 100
Cincinnati, OH 45202
7. The check is done the date H.C. Sheriff's Office receives it and is mailed out the following day.

Walk-in address:

You can get records checks from 7:00 a.m. to 3:00 p.m., Monday through Friday, at 1000 Sycamore St., Room 100, Cincinnati, OH 45202. This is in the Justice Center's south building.





Authorization for County Crime Check

The person(s) listed below have applied to do childcare or respite care services for foster children placed with Focus on Youth, Inc., a private foster care agency licensed by the Ohio Department of Job and Family Services. A county criminal check is required as a part of the approval process. Thank you for your cooperation and assistance.

NAME: _____ D.O.B.: _____

ADDRESS: _____

SOCIAL SECURITY: _____

SIGNATURE: _____

RESULTS: _____

NAME: _____ D.O.B.: _____

ADDRESS: _____

SOCIAL SECURITY: _____

SIGNATURE: _____

RESULTS: _____

The above local crime check was completed by _____

Sherriff's Department on _____ by _____.
(Date) (Name of Individual Completing the Check)





Authorization for Local Crime Check

The person(s) listed below have applied to do childcare or respite care services for foster children placed with Focus on Youth, Inc., a private foster care agency licensed by the Ohio Department of Job and Family Services. A local criminal check is required as a part of the approval process. Thank you for your cooperation and assistance.

NAME: _____ D.O.B.: _____

ADDRESS: _____

SOCIAL SECURITY: _____

SIGNATURE: _____

RESULTS: _____

NAME: _____ D.O.B.: _____

ADDRESS: _____

SOCIAL SECURITY: _____

SIGNATURE: _____

RESULTS: _____

The above local crime check was completed by _____

Police Department on _____ by _____.
(Date) (Name of Individual Completing the Check)





BCI&I and FBI Criminal Records Check Guidelines for Fingerprinting

As per OAC 5101:2-7-02 and OAC 5101:2-5-09.1 a criminal records check shall be conducted by the Bureau of Criminal Identification and Investigation (BCI&I) and satisfactorily completed for any person seeking certification as a foster caregiver. Foster Parents and each adult household member must complete criminal records checks with fingerprinting through BCI&I to also include the Federal Bureau of Investigation (FBI) check. Fingerprinting must be completed within one year of initial licensing for new foster parents (and any adult household member) then every two years thereafter. The agency shall request the conducting of a criminal records check pursuant to section **2151.86** of the Revised Code. Focus on Youth contracts with various county agencies to provide services to children in custody. Specific contracts require Focus on Youth staff, interns, direct volunteers, respite care and alternative care providers complete criminal records checks with fingerprinting through BCI&I, including the FBI check, annually.

FEES FOR BCI&I / FBI Fingerprinted Criminal Records Background Checks

The fee for fingerprinting varies agency by agency. Typical costs may be \$60.00 to \$80.00 per person for both BCI&I and FBI. Focus on Youth began fingerprinting for agency purposes in February 2013. The fee for fingerprinting will be \$50.00 per person and will cover the BCI&I and the FBI criminal records checks. **Focus on Youth accepts credit and debit cards, cash (exact change only), or checks for service payments.**

Foster parents, new applicants, volunteers and respite / alternative care providers may choose whether to use Focus on Youth or other sources to complete the background checks, however, **all results MUST be mailed from BCI&I directly to Focus on Youth or the background check can NOT be accepted by Focus on Youth.** All background checks must be completed using reason code: **2151.86** Out of Home Child Care (Foster Parents, Adoptive Parents and all individuals 18 and over residing in home, and Children's Hospitals).

FEES FOR NEW FOSTER PARENT APPLICANTS

Fees for initial foster parent certification BCI&I / FBI checks will be due and payable by the foster parent applicant(s). Per OAC, unless the fee is paid, the person will not be considered by Focus on Youth for certification as a foster caregiver.

Once the applicant has completed all pre-placement training; completes the homestudy process; receives the foster care license and accepts a child into the foster home for foster care placement, the applicant may request a refund of the fingerprinting fee from FOY for the licensed foster parent(s) only, up to \$50.00 per foster parent. FOY does not reimburse for adult household members. **A receipt must be presented for reimbursement regardless of where the fingerprinting occurred.**

RECERTIFICATIONS

Foster Parents and each adult household member will be required to undergo an additional BCI&I / FBI criminal records check **every 2 years** after the initial certification. Focus on Youth will again reimburse each foster parent for the BCI&I / FBI criminal records check if the foster parents have had placements in their home for the previous recertification period or as soon as a placement is made after the recertification. The foster parent may request a reimbursement of up to \$50.00 per foster parent only. FOY does not reimburse for adult household members.

FEES FOR AHM, ALTERNATIVE CARE / RESPITE CARE PROVIDERS/ VOLUNTEERS

Volunteers, adult household members, alternative care and respite providers may be fingerprinted at FOY at our cost (\$50.00 per person), however, unfortunately, FOY can not reimburse or cover this expense.

If you have any questions or would like to make an appointment for a criminal record check, please contact:

Jeanie Kleiber
PQI Manager
Focus on Youth, Inc.
(513) 644-1030
www.focusonyouth.com



PET FORM

LIST PETS AND DOMESTIC ANIMALS:

DATES/DOCUMENTATION OF RABIES SHOTS FOR CATS AND DOGS:

I agree to keep my pets or domestic animals in a safe and sanitary manner and will protect a foster child from any animals in my care that are potentially dangerous to his health and/or safety.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____





Safety Audit of Substitute Caregivers Home

Family Name

To be completed only on applicants who will be providing care in their own home, not in an approved foster home.

The home and all structures associated with the home are maintained in a clean, safe, and sanitary condition and in a reasonable state of repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor recreation equipment on the grounds of the home is maintained in a safe state of repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Potentially hazardous outdoor areas on the grounds of or immediately adjacent to the home are reasonably safeguarded.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The home is adequately heated, lighted and ventilated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleach, cleaning materials, other poisonous or corrosive household chemicals, flammable and combustible materials, potentially dangerous tools or utensils, and electrical equipment or machinery in or on the grounds of the home are stored in a safe manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearm, air rifles, hunting slingshot or other projectile weapons and ammunition, arrows, or projectiles for weapons are stored in a safe manner inaccessible to children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
There is reasonable access to a working telephone for emergency situations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency telephone numbers posted: <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Squad/Rescue <input type="checkbox"/> Poison Control <input type="checkbox"/> Recommending Agency <input type="checkbox"/> Placing Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well water used for drinking and cooking shall be tested and approved by the health department prior to initial certification of the home and annually; or there is a continuous supply of safe drinking water.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The home has a working bathroom and toilet facilities located within the home and connected to an indoor plumbing system.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage is disposed of on a regular basis. Garbage stored outside shall be in covered containers or closed bags.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The home has a working smoke alarm approved by "Underwriter's Laboratory" on each level of occupancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All escape routes shall be kept free of clutter and other obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household heating equipment is equipped with appropriate safeguards in accordance with age and functioning level of foster children in the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The home has an "Underwriter's Laboratory" approved portable fire extinguisher in working order in or near the cooking area of the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pets or domestic animals in or on the premises of the home are kept in a safe and sanitary manner in accordance with state and/or local laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interior and exterior stairways accessible to children are protected by child safety gates or doors according to the child's age and functioning level.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Bedrooms for foster children provide reasonable access to an emergency exit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedrooms for foster children are not located on a floor higher than the second floor or in a basement unless approved in writing by a fire safety inspector.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



A bunk bed in use for a foster child is equipped with safety rails on the upper tier for a child under the age of ten years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All vehicles used to transport foster children are covered by liability insurance in accordance with current state laws.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
In accordance with the age and weight of foster children placed in the home, child restraint seats or booster seats are available for use in vehicles used to transport foster children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cribs used for children under two years of age or under 35 inches in height are full-sized, with slats no more than 2 3/8 inches apart, no decorative cutout areas on crib end panels which could entrap a child's head, locks and latches on the drop side of the crib are safe and secure from accidental release or release by the child inside the crib, the mattress is at least 1 1/2 inches thick and covered with a waterproof material not dangerous to the child and fits close enough to the frame so that there is no more than one inch between the mattress and the sides of the crib.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If a bassinet is in use, it is used only for children under 3 months of age or less than 15 pounds in weight.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All medication, prescription and non-prescription, is kept in a locked box or cabinet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

SIGNATURES

Youth Specialist: _____

Date: _____

Supervisor: _____

Date: _____



**INSTRUCTIONS
OHIO SACWIS REGISTRY ON CHILD ABUSE AND NEGLECT
ALLEGED PERPETRATOR SEARCH REQUEST**

The SACWIS Registry Search Request Form must be typewritten.

Questions about the SACWIS Registry on Child Abuse and Neglect may be directed to

SACWIS Registry Request@jfs.ohio.gov or call **614-752-1298**.

Office Hours: M-F 8:00 A.M. to 5:00 P.M

PURPOSE

Identify the purpose of the SACWIS alleged perpetrator request. Only one of the following may be selected:

ADOPTION/FOSTER PARENTING	VOLUNTEER WORK	EMPLOYMENT (EXCLUDING CHILD CARE)	OTHER
Individual or an out-of-state children services agency seeking SACWIS Registry information for the approval of foster parenting or adoption.	Individual requesting SACWIS Registry information to volunteer at an agency.	Individual requesting SACWIS Registry search to present for employment.	Out-of-state children services agency requesting history due to current involvement. Other reason not listed in other options.

IDENTIFICATION

NAME OF APPLICANT

Enter **FIRST NAME, MIDDLE NAME and LAST NAME**.

PREVIOUS NAMES

Enter **MAIDEN NAME, PREVIOUS MARRIED NAMES, AKAs, ALIASES, NICKNAMES**).

CURRENT ADDRESS

Enter the **physical address where you currently reside**.

9-DIGIT SOCIAL SECURITY NUMBER

Enter 9-digit **SOCIAL SECURITY NUMBER**. Partial SS#s are not accepted.

I AM NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER

Select if you do not have a social security number **AND** you are not eligible for a social security number. Explain why you are not eligible for a social security number. You will be contacted for additional information.

DATE OF BIRTH

Enter **DATE OF BIRTH** format as **MM/DD/YYYY**.

GENDER

Select **MALE** or **FEMALE**.

RACE

Select the race(s), as appropriate.

CONTACT and HOUSEHOLD

CONTACT INFORMATION

Enter **HOME PHONE NUMBER, CELL PHONE NUMBER, E-MAIL ADDRESS**

LIST PREVIOUS HOME ADDRESSES (WITHIN THE LAST 10 YEARS)

List all addresses where you have resided from the last ten years.

LIST ALL CHILDREN ASSOCIATED WITH THE APPLICANT AND ANY OTHER PEOPLE CURRENTLY IN THE HOUSEHOLD

- Identify all of your biological/adopted children (regardless if they are living in your home or are over 18 years of age.)
- List all individuals currently residing with you.
- Identify the relationship of all individuals listed to you: (son, mother-in-law, uncle).
- Check the names of all individuals currently residing in your home.

Please contact **SACWIS Registry Request@jfs.ohio.gov** if more space is needed to include all associated children and adults in the household.

Consent and Signature

Pursuant to Ohio Law and administrative code, before signing this form, I have read, or someone has read to me, the instructions to complete a SACWIS Registry search request. I certify that the information above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally submits false information on this form commits a Misdemeanor of First Degree. This statement must be checked in order for a search to be conducted.

SIGNATURE, DATE

The applicant's signature and date of signature must be completed in order for a search to be conducted.
The applicant may opt for digital signature or to sign the request manually.

COMPLETING AND SUBMITTING THE REQUEST

The signed request must be accompanied by a government-issued document that confirms your Social Security number and one other form of appropriate photo Identification.

Appropriate documents to confirm your Social Security Number include the following:

- A copy of your official Social Security card issued by the Social Security Administration.
- A 2017 or 2018 W-2 wage and tax statement, displaying full Social Security Number. Wage and tax details may be crossed out on the W-2 form; your name and 9-digit Social Security Number is all that needs to be revealed on the statement.
- A Social Security Administration 1099 form that displays your completed Social Security Number, but must not be handwritten.
- A receipt from the from the Social Security Administration that you have applied for a new or replacement Social Security card. The receipt will display your 9-digit Social Security Number.

Appropriate documents to submit for your second form of identification include the following:

- Standard DL-ID or Compliant DL-ID Driver License or State Identification card.
- Birth Certificate.
- U.S. Visa (travel passport).

Requests must include copies of two appropriate IDs, as noted above and submitted via United States Postal Service or E-mail.

Email:	United States Postal Service:	Overnight Delivery Address (USPS, Fed Ex, UPS):
SACWIS Registry Request@ifs.ohio.gov.	SACWIS Registry Search Request	Ohio Department of Job and Family Services
Subject Line: Last Name, AP Search Request	Ohio Department of Job and Family Services	SACWIS Registry Search Request
	P.O. Box 183204	4200 E. Fifth Avenue, 2nd Floor
	Columbus, OH 43218-3204	Columbus, OH 43219

Searches are processed in the order received and the individual should allow 30 days for results to be returned to them. Please be advised that search results for an individual are sent directly to the individual's home address. **Search results will not be returned to a third party.**

**OHIO STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM
ALLEGED PERPETRATOR SEARCH REQUEST**

PURPOSE

- ADOPTION/FOSTER PARENTING**
 VOLUNTEER WORK
 EMPLOYMENT
 OTHER
(Excludes Child Care)

NAME OF APPLICANT (Forms must be typewritten. Any handwritten forms will be returned for correction.)

<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

PREVIOUS NAMES <small>(Maiden name, AKA, Aliases, Nicknames)</small>	CURRENT ADDRESS <small>Apt.#</small>

CITY	STATE	ZIP CODE

9-DIGIT SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male

I am not eligible for a Social Security card. (You will be contacted for additional information.)
Explain why you are not eligible:

RACE

<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaska Native/American Indian
<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander

CONTACT INFORMATION <small>Home phone number</small>	<small>Cell phone number</small>	<small>Email address</small>

LIST PREVIOUS ADDRESSES (Within last 10 years)

LIST ALL CHILDREN ASSOCIATED WITH APPLICANT AND ANY OTHER PEOPLE IN THE HOUSEHOLD

<small>Name (first name, middle name, last name)</small>	<small>Date of Birth</small>	<small>Relationship to Applicant</small>	<small>CK if residing in home</small>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Pursuant to Ohio Law and administrative rule, I have read, or someone has read to me, the instructions to complete a SACWIS registry request before signing this form. I certify that the information above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally submits false information on this form commits a Misdemeanor of First Degree.

Signature _____ **Date** _____

**Private Agency Requests and Out-of-State Requests
Complete the Following**

Requesting Agency Information			
<i>Agency Name</i>	<i>Representative Name and Title</i>		
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone</i>	<i>Fax</i>	<i>Email</i>	
<i>SACWIS ID</i>	<i>Any History Known</i>		
<i>Additional information:</i>			



**CONSENT FOR SACWIS REGISTRY SEARCH AND
DISSEMINATION OF INFORMATION**

I, the undersigned, do hereby give consent to Focus on Youth, Inc. and its employees to perform registry searches in the Statewide Automated Child Welfare Information System (SACWIS) as required by the State of Ohio and county agencies using the information below for the purpose of Adoption/Foster Parenting. The following statements are also confirmed by my signature below.

- I have read this statement in its entirety and understand the nature of the search being conducted.
- I have been given the opportunity to ask questions regarding this search.
- I am competent to consent to this search.
- I expressly authorize the Ohio Department of Job and Family Services (ODJFS) to release search results to:

Focus on Youth, Inc.
8904 Brookside Ave.
West Chester, OH 45069

Questions may be directed to (513) 644-1030.

I certify that the information provided on the Ohio SACWIS Alleged Perpetrator Search Request Form is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally submits false information to the SACWIS registry check commits a Misdemeanor of First Degree.

Signature

Date

Witness Signature

Date





Release of Information

Complete the following on each applicant/foster parent and adult household member. This form must be submitted with a valid driver's license or state identification card for each respite/alternative care provider and adult household member.

Applicant's Name(s): _____

Applicant's Address: _____

Type of Application: [] Respite Care [] Alternate Care

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

Name: _____ Maiden Name: _____
First Middle Last

Driver's License Number: _____ DOB: _____ SS#: _____

I/We hereby authorize representatives of Focus on Youth, Inc. to release any and all information that may be on file to the Ohio Department of Job and Family Services and the State Automated Child Welfare Information System (SACWIS).

RP 1: _____ RP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby authorize representatives of Focus on Youth, Inc. to share confidential information contained in my respite/alternative care file that may include but is not limited to a copy of my application or interview form, results of background checks, safety audit, pet information, and other applicable information. This information will be shared with public children service agencies during the care approval process to assist county agencies with decision making.

RP 1: _____ RP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Clermont County DJFS permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

RP 1: _____ RP 2: _____ AHM: _____ AHM: _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Hamilton County DJFS permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.



RP 1: _____ (initial to approve) RP 2: _____ (initial to approve) AHM: _____ (initial to approve) AHM: _____ (initial to approve)

I/We hereby certify that I have given Butler County Children Services permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

RP 1: _____ (initial to approve) RP 2: _____ (initial to approve) AHM: _____ (initial to approve) AHM: _____ (initial to approve)

I/We hereby certify that I have given Warren County Children Services permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

RP 1: _____ (initial to approve) RP 2: _____ (initial to approve) AHM: _____ (initial to approve) AHM: _____ (initial to approve)

I/We hereby authorize Focus on Youth, Inc. to make motor vehicle record inquiries as required for the placement of youth in my home. I further understand that some county children services agencies will not permit employees, foster parents, respite or alternative care providers, or any other driver associated with the foster parent or agency to transport youth if the driver has 5 points or more on the driver's license.

RP 1: _____ (initial to approve) RP 2: _____ (initial to approve) AHM: _____ (initial to approve) AHM: _____ (initial to approve)

I/we give permission to the agency to conduct a search of the Central Registry on Child Abuse and Neglect for my/our name(s). This information will be used for the purpose of respite/alternative care of foster children.

RP 1: _____ (initial to approve) RP 2: _____ (initial to approve) AHM: _____ (initial to approve) AHM: _____ (initial to approve)

This release of information is valid until the agency receives written notification to terminate the release.

Respite/ Alternative Provider 1 Date

Respite/Alternative Provider 2 Date

Adult Household Member Date

Adult Household Member Date

Adult Household Member Date

Witness Date



Protecting Children • Preserving Families



BUTLER COUNTY
Children Services

Main Office: 300 North Fair Ave. • Hamilton, Ohio 45011

General Information: (513) 887-4055

Abuse & Neglect Hotline: (513) 868-0888

Fax: (513) 887-4260

www.butlercountychildrenservices.org

Please Print

Licensed Agency Name: Focus on Youth, Inc.		SACWIS Provider ID Number:	
Printed Name:		Social Security Number:	
Street Address:			
City:	State:	Zip:	
Phone:	Date of Birth:	Race:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input checked="" type="checkbox"/> Adoptive Parent <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Other Household Member <input type="checkbox"/> Adult Foster Child <input type="checkbox"/> Respite Provider/ Alternate Caregiver/ Emergency Care Provider			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name of foster home they reside in and/or provide care for:		Relationship to name of foster home:	

**Authorization to Release Information
Notice Concerning Butler County's Initiative to do
Daily Cross Checks of Criminal Arrest Records**

The Butler County Children Services (BCCS) and Criminal Justice Information System (CJIS) are collaborating on an initiative to best protect children in foster care and ensure compliance with state regulations. BCCS will provide names, social security numbers and dates of birth of foster parents caring for children in BCCS custody and all household members over the age of 18 years, to CJIS. CJIS will cross-check the names with records it maintains of criminal charges on a daily basis. BCCS will include Respite Providers, Alternate Caregivers, and Emergency Care Providers to daily cross checks with CJIS. This decision will be in compliance with the Ohio Administrative Code Section 5101:2-7-13 (A) (11d) for respite providers and BCCS will incorporate this policy to also be in effect for alternate caregivers and emergency care providers.

Under Federal law, state and local government agencies are required to provide information to individuals about the agency's use of the individual's social security number. The release of your social security number to BCCS to run a continuing cross check by CJIS is voluntary. Using your social security number provides the best means of ensuring CJIS cross-check is accurate. The information provided by BCCS to CJIS identifying you is confidential. It will not be released as a public record. Precautions will be taken to maintain the information in a secure manner.

Under Ohio Administrative Code Section 5101:2-7-14(G) Foster Caregivers are required to notify the agency that recommends them for certification, within twenty-four hours, of any charge of any criminal offense brought against the caregiver or any resident of his home. The sharing of information between BCCS and CJIS is a means of verifying foster parents obligations under the law. This initiative does not relieve you of the responsibility to inform your agency of any criminal charges brought against you or a resident of your home.

I have read the above notice, and **CONSENT**, or **DO NOT CONSENT** to Butler County Children Services releasing my name, date of birth and social security number to the Criminal Justice Information System for the purpose of doing a daily cross-check of criminal charges.

Signature _____ Date _____



Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
 General Information: (513) 946-1000
 General Information TDD: (513) 946-1295
 www.hcjfs.org

Please Print

Licensed Agency Name: Focus on Youth		SACWIS Provider ID Number:	
Printed Name:		Social Security Number:	
Street Address:			
City:	State:	Zip:	
Phone:	Date of Birth:	Race:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Household Member <input type="checkbox"/> Adult Foster Child <input type="checkbox"/> Respite Provider/ Alternate Caregiver/ Emergency Care Provider			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name of foster home they reside in and/or provide care for:		Relationship to name of foster home:	

**Authorization to Release Information
 Notice Concerning Hamilton County's Initiative to do
 Daily Cross Checks of Criminal Arrest Records**

The Hamilton County Department of Job and Family Services (HCJFS) and the Hamilton County Clerk of Courts (Clerk's Office) are collaborating on an initiative to best protect children in foster care and ensure compliance with state regulations. Effective 2-1-07, HCJFS will provide names, social security numbers and dates of birth of foster parents caring for children in HCJFS custody and all household members over the age of 18 years, to the Clerk's Office. The Clerk's Office will cross-check the names with records it maintains of criminal charges on a daily basis. Effective 04/30/11 HCJFS will start including Respite Providers, Alternate Caregivers, and Emergency Care Providers to daily cross checks with the Clerk's Office. This decision will be in compliance with the Ohio Administrative Code Section 5101:2-7-13 (A) (11d) for respite providers and HCJFS will incorporate this policy to also be in effect for alternate caregivers and emergency care providers.

Under Federal law, state and local government agencies are required to provide information to individuals about the agency's use of the individual's social security number. The release of your social security number to HCJFS to run a continuing cross check by the Clerk's Office is voluntary. Using your social security number provides the best means of ensuring the Clerk's cross-check is accurate. The information provided by HCJFS to the Clerk's Office identifying you is confidential. It will not be released as a public record. Precautions will be taken to maintain the information in a secure manner.

Under Ohio Administrative Code Section 5101:2-7-14(G) Foster Caregivers are required to notify the agency that recommends them for certification, within twenty-four hours, of any charge of any criminal offense brought against the caregiver or any resident of his home. The sharing of information between HCJFS and the Clerk's Office is a means of verifying foster parents obligations under the law. This initiative does not relieve you of the responsibility to inform your agency of any criminal charges brought against you or a resident of your home.

I have read the above notice, and **CONSENT**, or **DO NOT CONSENT** to Hamilton County Department of Job and Family Services releasing my name, date of birth and social security number to the Hamilton County Clerk of Court's office for the purpose of doing a daily cross-check of criminal charges.

Signature _____ Date _____



RESPITE REQUIRED NOTIFICATIONS

ODJFS Rule #5101:2-5-091: When a person who is certified as a foster caregiver is charged, pleads guilty to, or convicted of any offense listed in paragraph (J) of rule 5101:2-7-02 of the Administrative Code, the recommending agency shall evaluate whether the family foster home should continue to be recommended for certification or be recommended for denial or revocation of certification. The evaluation shall begin within five days of the agency's knowledge of the person's conviction, be completed within thirty days, and be documented in the family foster home's record. At a minimum, the provisions of paragraph (P) of Rule #5101:2-7-02 of the Administrative code shall be considered in the evaluation. This requirement is applicable for any household member of a family foster home including anyone twelve to eighteen years of age, who is charged, pleads guilty to, or convicted of any offense listed in paragraph (J) of Rule #5101:2-7-02 of the Administrative Code.

Focus on Youth, Inc. holds the respite providers to the same standards as the foster parents in regards to required notifications. Please initial each line to affirm each statement is true.

_____ **I/We, nor any member of my/our family including all adults and anyone twelve to eighteen years of age living in the household, has been charged, pled guilty to, or been convicted of any offenses listed in the above ODJFS rule (5101:2-5-091 and/or 5101:2-7-02).**

_____ **The driver's license copies on file are valid. If a caregiver's license is lost, suspended, or revoked, the agency will be notified immediately and the individual will not transport a foster child in any vehicle.**

_____ **The liability insurance on file is valid. Proof of liability insurance will be provided at each renewal. If a caregiver's insurance is terminated for any reason, the agency will be notified immediately and the caregiver will not transport a foster child in the vehicle.**

Respite Provider Signature

Date

Respite Provider Signature

Date



Respite Training Curriculum 12 Hrs Required

To be eligible as a respite provider, please select from the following list classes to complete 12 hours of training. For convenience, check either our website at www.focusonyouth.com for dates and times trainings are scheduled or call the office to ask about the training schedule for the classes you want to take.

Pre-Placement Classes- Each class is 3 hours

Trauma and It's Effects

Minimizing the Trauma of Placement

Helping the Child Manage Emotions and Behaviors

Transcending Differences in Placement

Child Sexual Abuse

Ongoing Web Based Classes - Unless otherwise noted, each class is 2 hrs

Attachment/Separation/Grief

Safe Crisis Management

Child Development

Dynamics of the Sexually Abused Child

Trauma Informed Care

Educational Advocacy

Ongoing Classes Offered at FOY

Nurtured Heart Approach– 6 hrs

Rules and Policies– 3 hrs

For verification on other accepted courses please contact Leah Weimer, MSW, LSW at 513-644-1030