



## REQUIRED NOTIFICATIONS

Focus on Youth, Inc. holds Respite/Alternative Care providers to the same standard as the foster parents in regards to required notifications. **By Focus on Youth regulating bodies, background checks are to be conducted annually at the applicant's expense.** If a crime is committed by any household member twelve or older, and not reported to Focus on Youth, approval can be denied immediately. If a prohibiting offense is committed approval will be denied. Please ask to see Rule #5101:2 7 02 of the Administrative code for details on prohibiting offenses.

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).**

\_\_\_\_\_ **I/We authorize knowledge that an annual State and Federal Background Check from the state of residency will be asked of me. This will be financially covered by myself with the knowledge of no reimbursement from Focus on Youth, Inc.**

\_\_\_\_\_ **I/ We authorize knowledge that an annual Local/County Crime check will be asked of me. This will be financially covered by myself with the knowledge of no reimbursement from Focus on Youth, Inc.**

\_\_\_\_\_  
Respite Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respite Provider Signature

\_\_\_\_\_  
Date