

ALTERNATIVE CAREGIVER ARRANGEMENTS: 51012-7-08

ALTERNATE CAREGIVER APPROVAL FOR THE FOSTER/RELATIVE/KINSHIP FAMILY

FOSTER: _____

RELATIVE/KINSHIP FAMILY: _____

NAME OF CHILD/CHILDREN: _____

Provide Name of Alternative Caregiver AND submit completed Release of Information for Alternative Caregiver approval: (One form for each person over age 18)

Please list those family and non-family members who will provide more than casual care to foster children placed in your home. This approval will include a police check, driver's check, child abuse & neglect check and central registry check. **Fingerprints may also be required at agency discretion.** Every home should have at least 2-3 approved caregivers prior to foster children being placed in the home. For kinship & relative homes, approval needs to occur within 30 days after placement. *****No part of this process can be waived*****

BELOW TO BE COMPLETED BY FOSTER PARENT/ KINSHIP/RELATIVE CAREGIVER:

Site and Safety: Have you been to the home? _____ Are there any safety concerns _____

What is your relationship to Alternative Caregiver? Family _____ Friend _____

How will the alternative caregiver be used? PRN/As Needed _____ Overnight _____

Will the Alternative Caregiver be transporting foster child _____

BELOW TO BE COMPLETED BY THE ALTERNATIVE CAREGIVER:

First Name :		
Last Name :		
Aliases :		
Maiden Name :		
Social Security Number :		DOB:
Address :		
City, State & Zip:		
Telephone Number(s) :	Work:	Cell:
Home:		
Place of employment :	Driver License #	

I HEREBY grant Wayne County Children Services agency access to local, State and federal law enforcement records for the express purpose of completing **my** request for Alternative caregiver. I also agree to allow WCCSB to access The Bureau of Motor Vehicles data base to verify residency and valid Driver License if applicable.

Signature:	Date:
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This release will be in effect for a twelve (12) month period unless expressly revoked by me in writing.

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RELATIVE/KINSHIP FAMILY: _____

NAME OF CHILD/CHILDREN: _____

OFFICE USE ONLY

SACWIS Check: Date: _____ Results: _____
 Date: _____ Results: _____
 Date: _____ Results: _____

Local Police Check: Date: _____ City: _____ Results _____
 Date: _____ City: _____ Results _____
 Date: _____ City: _____ Results _____

Driver's license Check: Date _____ Results _____
 Date: _____ Results _____

Muni Court Check: Date _____ Results _____
 Date _____ Results _____
 Date _____ Results _____

FBI/BCI Fingerprint: Date _____ Results _____
(FBI/BCI @ agency discretion)

Central Registry: Date _____ Results _____

Copy of Driver's License: Date _____ Copy Received _____

Copy of Auto Insurance: Date _____ Copy Received _____

Day Care Provider: Type A Type B Current license attached: Yes No

Agency Recommendations: Approved Date _____
 Denied Date _____

Caseworker II

Social Service Supervisor