

**BACKGROUND CHECK LIST or**  
 ALTERNATIVE CAREGIVER ARRANGEMENTS: [OAC Rule 5101:2-7-08](#)

**ALTERNATE CAREGIVER APPROVAL FOR THE FOSTER | RELATIVE | KINSHIP FAMILY**

FOSTER NAME: \_\_\_\_\_

RELATIVE/KINSHIP NAME: \_\_\_\_\_

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:		
Alias   Maiden   Nicknames:		
Social Security Number:		DOB:
Address:		
City:	State:	Zip Code:
Telephone Number(s): Home	Cell:	Work:
Place of Employment:	Driver License Number:	Driver License Exp. Date:

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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FOSTER NAME: \_\_\_\_\_

RELATIVE/KINSHIP NAME: \_\_\_\_\_

NAME OF CHILD/CHILDREN: \_\_\_\_\_

Caseworker: \_\_\_\_\_

**OFFICE USE ONLY**

**Central Registry:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**SACWIS Check:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Accurint:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Local Police Check:**

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

**Court Checks:**

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

Date: \_\_\_\_\_ City/Co: \_\_\_\_\_ Results: \_\_\_\_\_

**FBI/BCI Fingerprint:**

Initial Date: \_\_\_\_\_ Results: \_\_\_\_\_

4-year Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Drivers' license Check:** Date: \_\_\_\_\_ State: \_\_\_\_\_ Results: \_\_\_\_\_

**National Sex Offender Public Search:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Agency Recommendations:**     **Approved Date** \_\_\_\_\_

**Denied Date** \_\_\_\_\_

\_\_\_\_\_  
Caseworker II

\_\_\_\_\_  
Social Service Supervisor

Entered on EXCEL SPREADSHEET \_\_\_\_\_ (for Placement use) | Approval Letter Sent: \_\_\_\_\_ (for Placement use)