

**DISCLOSURE OF ANY FAMILY VIOLENCE CALLS TO A PROSPECTIVE FOSTER HOME
APPLICANTS PLACE OF RESIDENCE**

This form must be completed and reviewed during the home study process for each prospective foster home. The prospective foster home applicant(s) must include a description of each incident of law enforcement responding to a report of family violence at their place of residence in the 12 months preceding the application to become a foster home.

List all family violence incidents, including the location, the date, and a description (if law enforcement did not respond to any reports of family violence at the home, write NONE in the Description of the call)

Name of Child-Placing Agency				
Name of Prospective Foster Home				Date of Family Violence Incident
Current Home Address	City	State	Zip	Telephone No. (A/C)
Home Address where the family violence occurred	City	State	Zip	County
Description of the incident: Please describe the family violence incident, including why a report to law enforcement was made, who was involved, names and ages of all children that were in the home at the time of the call, and the name of anyone that was arrested. Please attach a separate sheet of paper if more space is needed.				

Name of Child-Placing Agency				
Name of Prospective Foster Home				Date of Family Violence Incident
Current Home Address	City	State	Zip	Telephone No. (A/C)
Home Address where the family violence occurred	City	State	Zip	County
Description of the incident: Please describe the family violence incident, including why a report to law enforcement was made, who was involved, names and ages of all children that were in the home at the time of the call, and the name of anyone that was arrested. Please attach a separate sheet of paper if more space is needed.				

The information given is true and complete to the best of my knowledge. My failure or refusal to provide the requested information or sign this form constitutes good cause not to verify my home.

Signature of Prospective Foster Parent

Date

CPA Use Only		Name of CPA Staff that Reviewed	Local Law Enforcement Check Required
Date Reviewed	Local Family Violence Check Completed	If a Local Check was completed, Date shared with Licensing	