

Foster Care – Renewal Application

Foster Family Address: _____

Foster Provider Name: _____ Spouse Name: _____

Name:		Name:	
Date of Birth:		Date of Birth:	
Occupation:		Occupation:	
Employer:		Employer:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Home Phone:		Home Phone:	
Email Address:		Email Address:	

Preferred method of contact: _____ *While we will try to utilize the requested method of contact to the best of our ability, please be advised that the Office of Licensing conducts much of its business electronically via email. Please check your email inbox frequently to ensure that you receive all communications from our office*

Others living in the household (include tenants)

Name	Date of Birth	Age	Relationship

Foster children currently placed in home

Name	Age	Caseworker

Additional Foster Children (only for sibling groups exceeding licensed capacity)

Name	Age	Caseworker

Renewal – Income Statement

Combined annual gross income: _____

Income	Amount	Expenses	Amount	Other considerations	Amount
Total Monthly Income after taxes:		Total Monthly Expenses:		Additional Considerations:	

Please explain any changes in your household income or expenses, including bankruptcies or foreclosures, in the past 12 months.

Please provide supporting documentation in the form of either the page of your most recent tax report showing gross annual earnings **or** 2 recent consecutive pay stubs from each wage earner in the home **or** current W-2 form showing earnings.

Note: Licensor may request a more detailed income and expense chart, if needed.

Medical Affidavit

Primary Provider:

Has your health changed over the past year? Yes No

If so, please list all new diagnoses and medications:

Spouse:

Has your health changed over the past year? Yes No

If so, please list all new diagnoses and medications:

**use additional pages if necessary*

Renewal – Application Signature Page

All documents listed below may be accessed at the Office of Licensing website: www.hslic.utah.gov or hard copies may be requested by contacting the Office of Licensing directly.

I/We have read the following Department of Human Services Office of Licensing documents:

Provider Code of Conduct <http://hslic.utah.gov/docs/code%20of%20conduct.PDF>

Primary Provider - Initials Spouse – Initials

Foster Care Rules <http://www.rules.utah.gov/publicat/code/r501/r501-12.htm>

Primary Provider - Initials Spouse - Initials

I/we understand the need to maintain my/our foster children's confidentiality in all interactions with anyone outside of the child welfare system. I/We understand the Code of Conduct and Licensing Rules and agree to comply with them. I/We verify that all information in this application and questionnaire is thorough, accurate, and true to the best of my knowledge. I have had an opportunity to ask questions and seek clarification and my questions have been answered to my satisfaction and understanding.

Signature of Foster Provider

Date

Printed name of Foster Provider

Signature of Foster Care Spouse

Date

Printed name of Foster Care Spouse

Please send or email this completed application to the Office of Licensing. Be sure to:

- Include Criminal Foster Care Background Screening Applications for all adults residing in the home over age 18
 - Obtain additional background screening applications from our website link (if needed):
<http://hslic.utah.gov/docs/ScreeningAppFosterNov2015.pdf>
 - Live Scan fingerprints are not necessary for renewal applicants with State of Utah identification. If the applicant does not have State of Utah identification, they should discuss with their licensor
- Include Income Statement Form and supporting documentation (tax forms or recent consecutive pay stubs) to verify income status
 - ❖ **Coordinate with your licensor on how to best provide the following items if not included with this application:**
 - Proof of insurance for all vehicles that will transport children
 - Proof of valid driver's license for anyone in the home that transports foster children
 - Current CPR/first aid certification for primary applicant and spouse
 - Verification/or proof of immunization records for all residents of applicant's home (if available)

The next steps in this process are as follows:

- ❖ Your background screening application will be processed, and you will be notified of any issues
- ❖ Your foster care application will be reviewed and assigned to a licensor
- ❖ Prepare for your home visit according to the attached Provider Home Visit Preparation Checklist
- ❖ Your licensor will contact you regarding the required home study interview and home safety checklist
- ❖ Please contact your licensor to schedule your annual safety inspection and home study update meeting upon submission of this application

Thank you for your interest in providing foster care services.

Office of Licensing Background Screening Applications Information and Instructions

Who needs a cleared background screening?

[Utah Statute 62A-2-120](#) requires that all persons "associated" with the licensee who will have direct access to children and/or vulnerable adults must pass criminal and abuse screenings. See **definitions** below:

"Associated with the Licensee" means that an individual is: affiliated with a licensee as an owner, director, member of governing body, employee, agent, provider of care, department contractor or volunteer or applying to become affiliated with a licensee as described above. This does not include: a guest or visitor whose access to a child or vulnerable adult is directly supervised by the licensee at all times.

"Directly Supervised" means that an individual is being supervised under the uninterrupted visual and auditory surveillance of another individual who has a current background screening approval by the Office of Licensing.

"Direct Access" means that an individual has, or likely will have: contact with or access to a child or vulnerable adult that provides the individual with an opportunity for personal communication or touch; OR an opportunity to view medical, financial, or other confidential personal identifying information of the child, the child's parents or legal guardians, or the vulnerable adult

"Background Screening Agent" refers to the following:

- Licensing Specialist for DCFS public foster care
- Human Services Licensing Agent (this is the agency representative for employees, volunteers, adoption agencies, private foster care and placement agencies)
- Local government employer for certified local inspector
- Area Agency on Aging for personal care attendants
- Division of Services for People with Disabilities for direct service workers, professional parents

What to know about clearances:

The Office of Licensing is mandated to check state, regional and national databases for criminal records. This is done through the **Rap Back System**, which enables us to receive ongoing status notifications of any criminal history reported on individuals whose fingerprints are registered in the system. This system went into effect September 1, 2015. All applicants with current Rap Back subscriptions do not need to complete new fingerprints.

The Office of Licensing will issue a background screening "clearance" or "denial" according to standards and procedures described in Utah Code Ann. 62A2-120 through 122, and R501-14. For the most current Background Screening rules or additional applications and instructions, please visit the Office of Licensing website : www.hslc.utah.gov.

An application receiving a "clearance" will be returned to the background screening agent that submitted it. The agency must keep it on file and make it available upon demand by the Office of Licensing.

If a background application is denied, the applicant and/or Background Screening Agent will be notified in writing, along with appeal procedures. No appeal is available when an application is denied due to the applicant's failure to provide required information.

EXCEPT AS PERMITTED BY 62A-2-120 (8) and (9), AN APPLICANT SHALL HAVE NO DIRECT ACCESS TO A CHILD OR VULNERABLE ADULT UNTIL AFTER DOCUMENTATION OF APPROVAL FROM THE OFFICE OF LICENSING IS RECEIVED. .

Which screening form do I use?

The [General Application](#) applies to **anyone associated with a Human Services Licensee** (as defined above) who will have **direct access** to clients (as defined above). This includes, but is not limited to **DSPD & SAS Certified Providers** and **Foster Care Respite** providers who do **NOT** reside in the foster home.

The [Foster Care Application](#) is used for those who wish to provide public child welfare foster care **in their home and any adults over age 18 residing in these homes**. This includes: foster care, proctor care, professional parent care and adoption **for children in custody of a child welfare system**, as well as **private foster care** and **refugee foster care**. There are separate boxes and fingerprint procedures for public and private care on page 2 of the application (see costs and instructions for form completion below).

What does it cost?

- ❖ **INITIAL** applicants filling out the **GENERAL** application **OR** the application for **PRIVATE FOSTER CARE** (Section 8, **Box B** on the foster care application) will be assessed one of the following fees:
 - **\$39.75** Local subscription; if submitting identification from Utah, Alaska, Washington, Oregon, Idaho, Montana, Wyoming and Nevada.
 - **\$52.75** Full Nationwide FBI subscription; if submitting identification from any other state not listed above, or submitting a passport as identification.
 - Any applicant that requires only the local subscription may be upgraded to the full nationwide subscription if desired by the Background Screening Agent.

The Background Screening Agent for these applications can assist you in determining whether you are personally responsible for the fees or if they are covered by your agent or agency.

Individual or batches of these applications must be submitted with one payment in the form of: a money order, cashier's check or company check (no personal checks) made payable to the **Utah Department of Human Services**.

- ❖ **INITIAL** applicants filling out the application for **PUBLIC FOSTER CARE** (Section 8, **Box A** on the foster care application) must complete a Live Scan Fingerprint at a DCFS location, which costs \$10.00. The applicant is responsible for providing this fee at the time of the live scan fingerprint appointment. (see live scan info link in instructions below).
- ❖ **RENEWAL** Applicants for **EITHER** application generally are not assessed a fee as long as their clearance with the Office of Licensing has not expired, they have a Utah ID, and there has been no new criminal activity since the last clearance.

What if I have charges on my record?

Applicants are required to disclose all criminal charges, including pending charges, and all supported or substantiated findings of abuse, neglect, or exploitation. Certified court docket or other certified record must be submitted for criminal charges. Having charges does not automatically disqualify you from this work. It depends on what your charges are, how long ago they were, etc. They will be fairly assessed by our office as described in state law.

Applicants may direct inquiries about fingerprinting, Utah criminal records (including expungement or correction procedures) to: Utah Department of Public Safety, Bureau of Criminal Identification (BCI), (801) 965-4445, 3888 West 5400 South, Salt Lake City, UT 84114-8280, or visit: www.publicsafety.utah.gov

- A “clearance” with the Office of Licensing does not mean that the applicant has no criminal or abuse record.
- A licensed program shall not disclose screening results except as authorized by Utah or federal law.

What are the instructions for completing the forms?

❖ INITIAL applicants using the **GENERAL** Screening Application:

- Legibly complete sections 1-5 **and sign and date** the GENERAL Application form with ‘initial’ box checked, on upper left
- Have your Background Screening Agent complete sections 6-7 (see “Identification Verification” below)
- Complete 2 fingerprint cards rolled by one of these approved entities: law enforcement, an agency approved by the BCI, or Background Screening Agent
- Submit the completed fingerprint cards and applicable fees to your Background Screening Agent for submission to the Office of Licensing Background Screening Unit

❖ INITIAL applicants using the **FOSTER CARE** screening application choose the applicable option below:

1. For **public foster care within a child welfare system**: (this includes foster care, proctor, adoptive and professional parents and any adults over age 18 who **reside** in these provider homes)
 - Legibly complete sections 1-7 **and sign and date** the FOSTER CARE Application form with ‘initial’ box checked, on upper left
 - Complete a DCFS Live Scan fingerprint scan and have the operator complete **Section 8 BOX A and Section 9** on page 2. (see Identification Verification below).
 - Live Scan locations and schedules may be accessed here: <http://hslic.utah.gov/docs/LiveScanLocationsJan2016.pdf>
 - Fingerprint cards may be submitted for applicants in rural areas who don’t have access to Live Scan.
 - Submit the completed application to your Background Screening Agent for submission to the Office of Licensing Background Screening Unit.
2. For **private foster care or refugee foster care**: (this includes providers of children NOT in the public welfare system and any adults over age 18 who **reside** in these provider homes)
 - Legibly complete sections 1-7 **and sign and date** the FOSTER CARE Application form with ‘initial’ box checked, on upper left.
 - Have your Background Screening Agent complete **Section 8, BOX B and Section 9** on page 2. (see Identification Verification below).
 - Complete 2 fingerprint cards rolled by one of these approved entities: law enforcement, an agency approved by the BCI, or Background Screening Agent
 - Submit the 2 completed fingerprint cards and application to your Background Screening Agent for submission to the Office of Licensing Background Screening Unit.

❖ RENEWAL OR TRANSFER applicants using EITHER screening application:

- A renewal or transfer applicant who has a prior current screening with the Office of Licensing, no new criminal activity **and** holds UT identification:
- Legibly complete **and sign and date** all requested information with appropriate box checked on upper left
 - Submit to your Background Screening Agent for identification verification and submission to the Office of Licensing Background Screening Unit.

Please Note: Fingerprint cards are generally provided at the site where they are rolled, but also may be ordered in bulk for programs by contacting the Department of Public Safety, BCI: 801-965-4445 opt.6

❖ Identification Verification

The Background Screening Agent or Live Scan Technician is responsible for verifying the applicant’s identification and shall.

- Inspect and make a good faith effort to determine that the applicant’s state driver’s license or state identification card is valid and does not appear to have been forged or altered. Please note that Driving Privilege Cards issued from the State of Utah are NOT valid for identification.
- Review the applicant section for accurate completion
- Complete and sign the section of the application marked “**to be completed by live scan technician/background screening agent**” (or sections 8 & 9 on **foster** forms or sections 6 and 7 on **general** forms)

Where do I send my forms?

All fully completed forms and fingerprint cards must be sent to your **Background Screening Agent** (see definitions on page 1) who will submit them to the **Office of Licensing Background Screening Unit, 195 North 1950 West, Salt Lake City, Utah 84116.**

Questions or concerns?

Please do not contact the Office of Licensing about **the status** of an application unless two weeks have passed since the day the application was submitted. After two weeks, questions or concerns may be directed to the number listed below. For all other inquiries please visit our website:

www.hslic.utah.gov, call our main line: **801-538-4242** or call your licensor or screening technician directly.

UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF LICENSING
195 North 1950 West, Salt Lake City, Utah 84116

CBS USE ONLY

Foster Care BACKGROUND SCREENING APPLICATION

- New Applicant - Requires either Live Scan or Fingerprint Cards and Fee (see page 2)**
- Renewal – has a current approved screening**
- Transfer current approved screening from:**

1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE				
This section must be completed by the Applicant. Missing information or unreadable applications will be returned unprocessed.				
Legal First Name:		Given Middle Name Indicate if middle name is an initial only. Use N/A if no middle name.		Current Legal Last Name:
List ALL Maiden, Alias & Previous Married Names:				
Date of Birth ____ / ____ / ____ MM DD YYYY		Last four digits of Social Security No. _____ (If yes to #4, then please list full social security number)		Phone Number: ()
Mailing Address:		City:		State: Zip Code:
2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.				
<input type="checkbox"/> Yes	If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.			
<input type="checkbox"/> No				
3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?				
<input type="checkbox"/> Yes	If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.			
<input type="checkbox"/> No				
4. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive weeks in a U.S. state besides Utah?				
<input type="checkbox"/> Yes	If yes, list each state separately. Additional documentation may be required.			
<input type="checkbox"/> No				
STATE	COUNTY	FROM month/year	TO month/year	
5. Please check applicable box				
<input type="checkbox"/>	I am a resident and hold a driver license or state I.D. card from Utah, Washington, Oregon, Idaho, Montana, Wyoming, Alaska or Nevada (WIN States).			
<input type="checkbox"/>	I am a resident or hold a driver license or state I.D. card from any other state not listed above, or I am submitting a passport.			
For initial screening applications, live scan fingerprints must be completed through DCFS. List of locations may be found at http://hslic.utah.gov/				
6. Please list all children (except for foster children) under 18 years old currently residing in the home: Attach additional sheet if necessary.				
First Name	Middle Name	Last Name	Last 4 of SSN	Date of Birth
In accordance with 62A-2-101, 62A-4A-1003, 62A-2-120 and R501-14 the Office will review Department databases and juvenile court records of all children living in a licensed home providing foster care services.				
7. I authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the Department of Human Services Office of Licensing to retain my fingerprints if applicable, in order to monitor state, regional and nationwide criminal background databases in order to identify criminal activity for as long as I am associated with a Department of Human Services licensed program. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied. I have read and understand the FBI NGI Rap Back Privacy Statement on page 2.				
Applicant Signature:			Date:	

Program Name: _____

Primary Provider and Licensor Name: _____

For Office of Licensing Use Only	
FBI: _____	DHS/Office of Licensing Screening Approval Date: _____

Applicant First Name _____	Middle Name _____	Last Name _____	Last 4 SSN _____
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8. Fingerprints & Fees

BOX A
For placement of a child IN CUSTODY of a public child welfare system
To be completed by Live Scan Technician ONLY for Initial Screening Applicants

PUBLIC

B Code:	Live Scan Operator Name:	Date of Live Scan:			
Identification and Social Security Number verified by Live Scan Technician ONLY IF applicant is a licensed foster parent or adult in home of licensed foster parent (NOT proctor or professional)					
Circle Valid Identification Type Driver License State ID Passport	State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender Female Male	Another adult in home (not primary caregiver) Yes _____ No _____
I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered.				Date:	
Signature of Live Scan Technician:					

PRIVATE

BOX B
For placement of a child in private or refugee foster care (children NOT in public welfare system)
To be completed by Program Representatives for Initial Screening Applicants

Initial Applicants - Submit two completed, properly rolled fingerprint cards along with a company check, cashier's check or money order made payable to Department of Human Services.

Ongoing Rap Back Subscription Type--Both subscriptions include a one-time full nationwide FBI search

\$39.75-Local, to include only Utah, Washington, Oregon, Idaho, Montana, Wyoming, Alaska and Nevada (WIN states). Provider may upgrade any applicant that requires ONLY the local ongoing subscription to the FULL nationwide, ongoing subscription.

\$52.75-FULL Nationwide FBI. Applicant who is a resident or holds a driver license or state I.D. card from any other state not listed above, or is submitting a passport.

9. To be completed by all Program Representatives
Program Representatives: Please verify Identification and Social Security Number
Please visit our website for full information and instructions prior to signing. www.hslic.utah.gov

Program Name:			Phone:		
Mailing Address:		City:	State:	Zip Code:	
Circle Valid Identification Type Driver License State ID Passport	State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender Female Male	Another adult in home (not primary caregiver) Yes _____ No _____
I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.					
Signature of verifying representative:					Date:

FBI NGI Rap Back Privacy Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

IMPORTANT INFORMATION AND INSTRUCTIONS

All information must be accurate, legible and complete.

❖ Answering YES to questions #2, #3 or #4 may require additional documentation. See each question or visit our website for clarification or requirements. Applications will be returned unprocessed if all required documentation is not attached.

- Please observe a two-week time period before requesting the status of submitted applications.
- Please contact your licensor for any changes to your mailing address or facility name.
- Any questions? Call your licensor, your background screening technician or the Office of Licensing at 801-538-4242.

UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF LICENSING
195 North 1950 West, Salt Lake City, Utah 84116

CBS USE ONLY

Foster Care BACKGROUND SCREENING APPLICATION

- New Applicant - Requires either Live Scan or Fingerprint Cards and Fee (see page 2)**
- Renewal – has a current approved screening**
- Transfer current approved screening from:**

1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE				
This section must be completed by the Applicant. Missing information or unreadable applications will be returned unprocessed.				
Legal First Name:		Given Middle Name Indicate if middle name is an initial only. Use N/A if no middle name.		Current Legal Last Name:
List ALL Maiden, Alias & Previous Married Names:				
Date of Birth ____ / ____ / ____ MM DD YYYY		Last four digits of Social Security No. _____ (If yes to #4, then please list full social security number)		Phone Number: ()
Mailing Address:		City:		State: Zip Code:
2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.				
<input type="checkbox"/> Yes	If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.			
<input type="checkbox"/> No				
3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?				
<input type="checkbox"/> Yes	If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.			
<input type="checkbox"/> No				
4. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive weeks in a U.S. state besides Utah?				
<input type="checkbox"/> Yes	If yes, list each state separately. Additional documentation may be required.			
<input type="checkbox"/> No				
STATE	COUNTY	FROM month/year	TO month/year	
5. Please check applicable box				
<input type="checkbox"/>	I am a resident and hold a driver license or state I.D. card from Utah, Washington, Oregon, Idaho, Montana, Wyoming, Alaska or Nevada (WIN States).			
<input type="checkbox"/>	I am a resident or hold a driver license or state I.D. card from any other state not listed above, or I am submitting a passport.			
For initial screening applications, live scan fingerprints must be completed through DCFS. List of locations may be found at http://hslic.utah.gov/				
6. Please list all children (except for foster children) under 18 years old currently residing in the home: Attach additional sheet if necessary.				
First Name	Middle Name	Last Name	Last 4 of SSN	Date of Birth
In accordance with 62A-2-101, 62A-4A-1003, 62A-2-120 and R501-14 the Office will review Department databases and juvenile court records of all children living in a licensed home providing foster care services.				
7. I authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the Department of Human Services Office of Licensing to retain my fingerprints if applicable, in order to monitor state, regional and nationwide criminal background databases in order to identify criminal activity for as long as I am associated with a Department of Human Services licensed program. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied. I have read and understand the FBI NGI Rap Back Privacy Statement on page 2.				
Applicant Signature:			Date:	

Program Name: _____

Primary Provider and Licensor Name: _____

For Office of Licensing Use Only	
FBI: _____	DHS/Office of Licensing Screening Approval Date: _____

Applicant First Name _____	Middle Name _____	Last Name _____	Last 4 SSN _____
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8. Fingerprints & Fees

BOX A
For placement of a child IN CUSTODY of a public child welfare system
To be completed by Live Scan Technician ONLY for Initial Screening Applicants

B Code:	Live Scan Operator Name:	Date of Live Scan:			
Identification and Social Security Number verified by Live Scan Technician ONLY IF applicant is a licensed foster parent or adult in home of licensed foster parent (NOT proctor or professional)					
Circle Valid Identification Type Driver License State ID Passport	State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender Female Male	Another adult in home (not primary caregiver) Yes _____ No _____
I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered.				Date:	
Signature of Live Scan Technician:					

BOX B
For placement of a child in private or refugee foster care (children NOT in public welfare system)
To be completed by Program Representatives for Initial Screening Applicants

Initial Applicants - Submit two completed, properly rolled fingerprint cards along with a company check, cashier's check or money order made payable to Department of Human Services.					
Ongoing Rap Back Subscription Type--Both subscriptions include a one-time full nationwide FBI search					
<input type="checkbox"/> \$39.75-Local, to include only Utah, Washington, Oregon, Idaho, Montana, Wyoming, Alaska and Nevada (WIN states). Provider may upgrade any applicant that requires ONLY the local ongoing subscription to the FULL nationwide, ongoing subscription.					
<input type="checkbox"/> \$52.75-FULL Nationwide FBI. Applicant who is a resident or holds a driver license or state I.D. card from any other state not listed above, or is submitting a passport.					

9.
To be completed by all Program Representatives
Program Representatives: Please verify Identification and Social Security Number
Please visit our website for full information and instructions prior to signing. www.hslic.utah.gov

Program Name:				Phone:	
Mailing Address:			City:	State:	Zip Code:
Circle Valid Identification Type Driver License State ID Passport	State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender Female Male	Another adult in home (not primary caregiver) Yes _____ No _____
I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.					
Signature of verifying representative:				Date:	

FBI NGI Rap Back Privacy Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

IMPORTANT INFORMATION AND INSTRUCTIONS

All information must be accurate, legible and complete.

❖ Answering YES to questions #2, #3 or #4 may require additional documentation. See each question or visit our website for clarification or requirements. Applications will be returned unprocessed if all required documentation is not attached.

- Please observe a two-week time period before requesting the status of submitted applications.
- Please contact your licensor for any changes to your mailing address or facility name.
- Any questions? Call your licensor, your background screening technician or the Office of Licensing at 801-538-4242.

Foster Care – Provider Home Visit Preparation Checklist

Use this checklist to help you prepare your home for the safety inspection with your licensor. **This is your copy to keep.*

- 1. Working smoke detector on each level (licensor will test)
- 2. Working carbon monoxide detector on each level
- 3. 1 fully charged fire extinguisher in home rated 2A:10BC or higher (licensor will check the charge)
- 4. Locking capability on bathrooms
- 5. Hazardous areas are mitigated through the use of fences, banisters, railings, grates, natural barriers, protective hardware or other licensor approved methods:
 - a. Fall hazards 3 feet or more (steep grades, cliffs, open pits, window wells, stairwells, elevated porches, retaining walls, etc) are mitigated
 - b. Drowning hazards (pools, hot tubs, water features, ponds, streams, canals, etc) are mitigated
 - c. Burn hazards (fireplaces, candles, radiators, etc) are mitigated
 - d. Unstable heavy items (televisions, bookshelves, etc) are mitigated
 - e. Dangerous traffic conditions are mitigated
 - f. Other hazards addressed/mitigated
- 6. Multi-level homes have: an automatic fire suppression system OR safety escape ladders OR stairway OR egress to ground level from all upper levels.
- 7. 911 recognizable phone on site with foster children at all times
- 8. Emergency contact numbers and address of the home are posted next to the phone or in a central location
- 9. Firearms stored with ammo ONLY in a gun safe or commercially manufactured container for firearm storage
- 10. Firearms and ammo are locked separately with separate key/combo/locking devices if not stored in commercially designed firearm storage container
- 11. Firearms in display cases are rendered inoperable and ammo locked elsewhere
- 12. Alcohol is inaccessible to foster children
- 13. Hazardous materials that are required to be locked are: pesticides, bleach, bleach-based cleaners, compressed air, ammonia and ammonia-based cleaners, chemical drain openers, hair relaxers/permanents, spray paint, paint thinner, automotive fluids, glues, oven cleaners, matches,

lighters, lighter fluids, cleaning aerosols, over-the-counter medications, prescription medications, vitamins, supplements, concentrated detergent capsules.

- 14. Other common household items are stored responsibly in consideration of ages etc
 - 15. Flammable items such as: gasoline & kerosene are locked in ventilated storage containers
 - 16. Home is free from health/fire hazards
 - 17. 2 exits on each level of the home that are large enough for emergency personnel to enter from outside
 - 18. Safety devices as appropriate for ages (outlet covers, safety gates, window well covers)
 - 19. Adequate number of seatbelts in vehicles for family and foster children
 - 20. Fully supplied first aid kit in home (medications removed if it is not locked)
 - 21. First aid kit in vehicles that transport children
 - 22. Emergency contact information in vehicles that transport children (ensure that once placements are made, specific caseworker information be added for each child)
 - 23. Bedrooms measure 40 square feet per child with no more than 4 children in any room
 - 24. Beds are adequate to the size of the child(ren) you'll be taking
 - 25. Screens in foster bedroom windows
 - 26. Closet/Dresser for foster child's belongings
- Your licensor will be the one to inspect and approve all methods of meeting these requirements. If you have a situation that you are unsure of, please contact your licensor in advance to discuss it. Your licensor can offer you the technical assistance necessary to creatively problem-solve and assist you in coming into compliance with these requirements.
- If full compliance cannot be verified on the first visit, a follow-up visit may be necessary. Your license will be issued following licensor's ability to verify full compliance on all rules and checklist items. Be sure to familiarize yourself with R-501-12, as this is not a complete list of all requirements that you will be held to.