CENTERSTONE

Date: _____

Dear _____,

It's that time of year again! You will be contacted soon (or you may have already been contacted) by your Regional Foster Care Coordinator to schedule a visit to do your annual re-assessment. During this visit, several items will need to be collected for your file. You will find the items listed below. Also included in this packet are a few forms that need to be **filled out by you and ready to give to the coordinator upon the visit.**

**This information is very time sensitive and vital to your re-approval. DCS will not allow us to reapprove you unless we show proof of these items so please have them ready on the day of the visit.**

Items that you will need to gather (make copies of) to give to the coordinator:

- **COPY OF CURRENT DRIVERS LICENSE**
- **COPY OF CAR REGISTRATION FOR ALL DRIVING MEMBERS OF HOUSEHOLD**
- **PROOF OF AUTO INSURANCE**
- **PROOF OF HOMEOWNERS INSURANCE**
- **CURRENT PET VACCINATIONS**
- **PROOF OF ALL REPORTED SOURCES OF INCOME (CAN BE: W-2, TAX RETURN, OR 3 MONTHS'S PAYSTUB)**

You will find a packet with the following forms that must be completed and ready to hand in at the time of your visit:

- **AUTHORIZATION FOR BACKGROUND CHECK (ON ALL ADULT MEMBERS OF HOME)** **[Please make additional copies if necessary]**
- **MONTHLY INCOME AND EXPENDITURES WORKSHEET**
- **DISCIPLINE POLICY**
- **OATH TO ABIDE**
- **HIPAA POLICY / NOTIFICATION OF PRIVACY PRACTICES**
- **MEDICAL SELF REPORT FORM (THIS MUST BE FILLED OUT ON EVERY MEMBER OF THE HOUSEHOLD)** **[Make copies if necessary]**
- **DISASTER PLAN**

**During the visit, your coordinator will be checking the safety of your home. This includes (but is not limited to): Making sure fire extinguishers are charged and properly placed, testing fire alarms, inspection your medication storage area to make sure it is double locked, viewing firearms and ammunition (if applicable), and checking to see if your emergency evacuation plan and emergency phone numbers are posted in a common area. Failure to have any of these items in compliance could lead to a delayed re-approval.**

**If you have any questions, please contact your Foster Care Coordinator or feel free to call me, Julie Clark, at Julie.clark@centerstone.org or 616.604.9163.**

**We are SO VERY THANKFUL for your service to the children in your care. Thank you for choosing Centerstone as your agency and for your continued cooperation.**

**Sincerely,**

Julie H Clark, MA.

**Julie H. Clark, M.A.**
**Foster Care Coordinator**

CENTERSTONE

## AUTHORIZATION AND RELEASE FOR A BACKGROUND INVESTIGATION

I, the undersigned candidate, do hereby authorize *Centerstone* by and through its independent contractors, **ScreeningOne** to produce a consumer report and/or investigative consumer report on me. *Centerstone* has a policy of performing pre-employment background screening on job applicants as a condition of employment. This policy is a business practice that protects everyone by helping to promote a safe and profitable workplace. It is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA).

These above-mentioned reports may include, but are not limited to: employment and education verifications; personal references; my driving history, including traffic citations; a social security number verification; present and former addresses; credit reports; criminal and civil history/records; and any other public record(s).

I further authorize any person, business entity or governmental agency, who may have information relevant to the above, to disclose the same to *Centerstone*, by and through their independent contractors, including, but not limited to, any courthouse, any public agency, and all law enforcement agencies, regardless of whether such person, business entity or governmental agency complied the information itself or received it from other sources.

I hereby release *Centerstone*, and its independent contractors and any other persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others makings such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative candidate report hereby authorized.

PRINTED NAME: _____
First Middle Last (Maiden)

SIGNATURE: _____ DATE: _____

COMPLETE RESIDENCE ADDRESS: _____
Street Number / P.O. Box Street Name

_____
City State Zip Code County

*if not at the above residence for 5 years, please list below your address(s) for the past 5 years.

_____

_____

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUANCE: _____

DATE OF BIRTH: _____

HIGHEST EDUCATION LEVEL COMPLETED (Bachelors, Masters, etc): _____

INSTITUTION ATTENDED: _____

CITY/STATE: _____ DATES ATTENDED: FROM _____TO _____

DEGREE: _____ MAJOR: _____ GRADUATED: (YES/NO) _____

**(For office use only)**
Fund/Location/Program: _____
Date Started: _____

**Tennessee Department of Children's Services**

# Monthly Family Income and Expenditures

*This information is needed to help give an understanding of how you manage your income as a part of the total picture of your family life. Many of the items listed below may not be met on a monthly bias, an for them it may be convenient to calculate for the yearly amount and divide by 12. Leave black the items that do not apply to you. This form is to be completed by parents, prospective resource/adoptive parents and relative caregivers.*

| Applicant | | | Co-Applicant | | |
|---|---|---|---|---|---|
| | | | | | |
| ***Name*** | | | ***Name*** | | |
| | | | | | |
| ***Address*** | | | ***Address*** | | |
| | | | | | |
| ***City*** | ***State*** | ***Zip Code*** | ***City*** | ***State*** | ***Zip Code*** |
| ( ) - | ( ) - | | ( ) - | ( ) - | |
| ***Night Telephone Number*** | ***Day Time Telephone Number*** | | ***Night Telephone Number*** | ***Day Time Telephone Number*** | |
| | ☐ Male ☐ Female | - - | | ☐ Male ☐ Female | - - |
| ***Date of Birth*** | | ***Social Security Number*** | ***Date of Birth*** | | ***Social Security Number*** |

**OTHERS IN THE HOME**

| | |
|---|---|
| | |
| ***Full Name*** | ***Relationship*** |
| | |
| ***Full Name*** | ***Relationship*** |
| | |
| ***Full Name*** | ***Relationship*** |

**RESOURCES**

| | | | |
|---|---|---|---|
| Savings Account | $ | Checking Account | $ |
| Other (Specify) | $ | Other (Specify) | $ |
| Other (Specify) | $ | Other (Specify) | $ |

**EMPLOYMENT AND MONTHLY INCOME**

| | Applicant | Co-Applicant |
|---|---|---|
| Occupation | | |
| Employer | | |
| How long in current position? | | |
| Gross Monthly Income from Employment | $ | $ |
| Additional Monthly Income (Give Source) | $ | $ |
| Total Combined Monthly Income | $ | |

*Please disregard all previous versions prior to the date listed below. Always check "Forms" Website for most current version.*

Distribution: Resource/Adoptive Parents/Relative Caregivers Files
CS-0431, (Rev. 02/10)

| Applicant | | Co-Applicant |
|---|---|---|
| | | |
| **Monthly Expenditures** | | |
| **Home payment**: | Rent | $ |
| | Home Mortgage | $ |
| **Utilities:** | Electricity | $ |
| | Water | $ |
| | Telephone | $ |
| | Heating/Cooling | $ |
| | Gas | $ |
| **Insurance:** | Homeowner's or Renter's | $ |
| | Medical | $ |
| | Car | $ |
| | Life | $ |
| **Installment Payments for:** | Credit card | $ |
| | Personal Loans | $ |
| | Other (specify) | $ |
| **Other Expenses**: | Food | $ |
| | Clothing | $ |
| | Medical and Dental | $ |
| | School Expenses | $ |
| | Recreation | $ |
| | Church and Charity | $ |
| **Other** (specify) | | $ |
| **Other** (specify) | | $ |
| | **Total Monthly Expenditures:** | $ |

***Applicant's Signature*** ***Date*** ***Co-Applicant's Signature*** ***Date***

Proof of Income on File: ☐ Yes ☐ No

***Home Study Writer's Verification Signature*** ***Date***

*Please disregard all previous versions prior to the date listed below. Always check "Forms" Website for most current version.*

Distribution: Resource/Adoptive Parents/Relative Caregivers Files
CS-0431, (Rev. 02/10)

Tennessee Department of Children's Services

# Discipline Policy

Discipline is a training process through which a child develops the self-control, self-reliance and orderly conduct necessary to assume responsibilities, make daily living decisions and live according to accepted levels of social behavior. The goals of discipline for foster children are:

- To problem-solve appropriate ways of getting needs met (i.e. needs for attention, ways to express feelings, etc.)
- To feel good about relationships with other adults and other children
- To have a positive self-concept

In order to accomplish these goals, the following guidelines should be followed:

- All discipline must be reasonable and responsibly related to the child's understanding, need and level of behavior. All discipline shall be limited to the least restrictive appropriate method and administered in an appropriate manner.
- Encouragement and praise of good behavior is often more effective than punishment and is a must in disciplining a child. The child's acceptance of discipline and ability to profit by it depends largely upon feeling that he/she is liked, accepted and respected.
- Any discipline must be determined on an individual basis and be related to the undesirable behavior. Requiring children to accept the natural consequences of their acts may be a desirable experience provided consequences are not too drastic.

The following forms of punishment must **not** be used:

1) Corporal Punishment such as slapping, spanking, or hitting with any object,
2) Excessive exercising (particularly of a military nature), running laps, repetitive sit-ups, etc.
3) Cruel and unusual punishment,
4) Assignment of excessive or inappropriate work,
5) Denial of meals and daily needs,
6) Verbal abuse, ridicule or humiliation,
7) Permitting a child to punish another child,
8) Chemical or mechanical restraints ex; use of psychotropic medications as a restraint,
9) Denial of planned visits, telephone calls, or mail contact with birth family, attorney, siblings, Family Service Worker, pre-adoptive family, or attorney,
10) Seclusion as a punishment,
11) Threat of removal from the resource home, or
12) Any punishment that occurs more than 24 hours after the incident.

I have read this discipline policy of physical punishment and do comply with it.

| | |
|---|---|
| Resource Parent' Signature | Date |
| Resource Parent' Signature | Date |

*Please disregard all previous versions prior to the date listed below. Always check "Forms" Website for most current version.*

Distribution: Resource Home Case File, Resource Parent

**Tennessee Department of Children's Services**

# RESOURCE PARENT OATH TO ABIDE

## Resource Parent Oath of Confidentiality

A great deal of sensitive and confidential information about children and families served by Department of Children's Services (DCS) will be shared with resource parents. DCS believes that protecting sensitive and confidential information is critical to building and maintaining positive relationships and requires that all persons affiliated with DCS adhere to a practice of protecting that kind of information. DCS requires all potential and active resource parents to sign an oath to refrain from sharing any information about children or families with individuals or agencies not authorized by a child's family service worker to receive that information.

**Applicant's Pledge Statement**

I, _____, understand that information shared with me as a Resource Parent concerning children and families is strictly confidential. This information is shared in order to help deal with the child in the most effective manner. This information is not to be shared with anyone else without the written permission of DCS.

**Co-Applicant's Pledge Statement**

I, _____, understand that information shared with me as a Resource Parent concerning children and families is strictly confidential. This information is shared in order to help deal with the child in the most effective manner. This information is not to be shared with anyone else without the written permission of DCS.

_____ _____

*Applicant's Signature* *Co-Applicant's Signature*

_____ _____

*Date* *Date*

_____

*Witness*

_____

*Date*

## Oath to Report Child Abuse and Neglect and Proper Use of Car Seats

DCS requires all potential and active resource parents to receive, read, and sign an oath to report any **suspected child abuse or neglect** and to abide by all child safety restraint laws.

**Applicant's Pledge Statement**

I, _____, have received and read the three page oath to report suspected child abuse or neglect and to abide by child safety restraint laws. I do solemnly pledge to report any suspected child abuse or neglect to the authorities listed above. I realize that failure to report is a violation of the law and is not in the best interest of children. I also pledge to follow all child restraint laws while transporting children in my vehicle.

**Co-Applicant's Pledge Statement**

I, _____, have received and read the three page oath to report suspected child abuse or neglect to abide by child safety restraint laws. I do solemnly pledge to report any suspected child abuse or neglect to the authorities listed above. I realize that failure to report is a violation of the law and is not in the best interest of children. I also pledge to follow all child restraint laws while transporting children in my vehicle.

_____ _____

*Applicant's Signature* *Co-Applicant's Signature*

_____ _____

*Date* *Date*

_____

*Witness*

_____

*Date*

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*
*Distribution: Resource Home Case File, Resource Parent*

## Hand Gun Carry Permit

I, _____, possess a **Tennessee Hand Gun Carry Permit**. I have provided DCS with a copy of the permit. I understand that I am responsible for the safety of the children in my care and will exercise extreme caution at all times. (Attach copy of permit.)

☐ I do not possess a TN Hand Gun Permit.

| | |
|---|---|
| *Applicant's Signature* | *Co-Applicant's Signature* |
| *Date* | *Date* |

*Witness*

*Date*

**Tennessee Department of Children's Services**

# Notice of Privacy Practices

**This notice is only for your information. You do not have to do anything with this information.**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## Information About Your Health is Confidential

The Department of Children's Services (DCS) will maintain information about your health and your child's health as required by the *Health Insurance Portability and Accountability Act of 1996* (HIPAA) privacy laws, rules and regulations. The law also states that you should receive a notice from organizations such as our Department, which describes the rules of this law that we must follow to keep information about you and/or your child's health confidential. These rules are subject to change by the federal government, and our Department is obligated and committed to tell you about any important changes which may be made in the future. DCS reserves the right to change its privacy practices described in this notice and apply those changes to any health information DCS maintains. We will give you a copy of any revised privacy notice while you are receiving services from DCS. Everyone who works with our Department must agree to keep health information private. The people who work with us include, but is not limited to:

- Department of Children's Services (DCS) employees
- Foster Parents
- DCS providers and their employees
- TennCare and TennCare health plans
- The State of Tennessee
- The Federal government
- Companies that have contracts with the State of Tennessee or the Federal government
- Health care providers, like a doctor or therapist

## How DCS Uses Information About Your Health or Your Child's Health

When you and your child begin receiving services from DCS, we obtain health information about you and your child in order to provide those services. DCS is involved in providing services such as Family Services or Family Crisis Intervention for children who are not in DCS custody. DCS is also involved in providing court-ordered probation and aftercare services. The health information that DCS obtains in providing these services may include things such as the need for counseling, therapy, or substance abuse treatment.

When a child comes into DCS custody, the court will give DCS the authority to consent to any necessary and routine medical care for that child. DCS may need to consent to medical care for a child in custody because the parent or legal guardian is not available or is unwilling to consent to medical care for the child. DCS needs as much information as possible about the child's health to make sure the child gets proper health care. This would include such things as:

- Notes or records from the child's doctor, drugstore, hospital or other health care providers
- Lists of illnesses the child and family members now have or have had before
- Lists of the medicines the child takes now or has taken before
- Results from x-rays and lab tests





Distribution: Copies: Pages 1-3 – Client
Page 4 –Signed Client Acknowledgement -Case File

CS-0699 Rev 06/09

## DCS Shares Information About You and Your Child Only as the Law Allows

### DCS would share information about you or your child to:

- **Make sure that you get the treatment you need;**
- **Pay health care providers;**
- **Check on our program to ensure you are receiving quality health care;**
- **Help if anyone's health or safety is in danger;**
- **Prove that your child is enrolled in TennCare with your child's doctors or other providers;**
- **Check how health programs are working. Your information may help us find insurance fraud;**
- **Report cases of abuse or neglect;**
- **Tell you about appointments and other health information. We may send you or your child reminders for your child's**
- **check-ups. We may also send you information about health services that may be available to you;**
- **Obey laws on workers' compensation.**

### DCS may share information about you and your child with:

- **Your family, foster families, or others who are involved in your child's care;**
- **The Court when the law says we must or we are ordered to do so;**
- **Schools or school nurses so they can treat your child or watch for any signs and symptoms of an illness or condition**
- **your child may have;**
- **TennCare Consumer Advocates or attorneys who represent your child on a TennCare appeal or are trying to help your child access services;**
- **Law enforcement;**
- **Public health agencies to update records for births and deaths or to track diseases;**
- **A coroner, funeral home, or people dealing with organ transplants;**
- **Medical research organizations. They must keep information about you and your child private.**
- **DCS may share information for research if we take out the identifying information that tell who you and your child are;**
- **Government agencies involved in military and veteran's activities, national security activities or correctional institutions.**
-

## DCS May Need Written Approval to Share Private Health Information

- **When we need approval to share private health information, we must ask for it on a written authorization form. You can take back your approval at any time, but you must tell us in writing.**

## YOUR HEALTH INFORMATION RIGHTS

### You have the right to:

- **See and get copies of your health records. If you want a copy, you must ask for it in writing. We may charge a fee for the cost of copying and mailing. DCS has the right to refuse to disclose certain information. If we cannot give you the information you want, we will send you a letter that tells you why.**
- **Ask questions about how we share your health information or ask questions about the information in this notice.**
- **Complain about how we share your health information. Please refer to the section in this notice entitled,**
- **Contact DCS with Questions or Complaints Regarding Your Rights to Privacy.**
- **Ask us to change health information that is wrong. You must ask us in writing. You must give us a reason why we need to change it. We may not be able to agree to the change. If we cannot make the change, we will send you a letter that tells you why.**





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CS-0699 Rev 06/09

- **Ask us for a list of who got your health information. The list will tell you who got your information. You must ask us in writing for a copy. The law says that we do <u>not</u> have to give you a list when:**
  - We have your written authorization to give out your health information;
  - We use it to help you get health care;
  - We use it to help with payment for your care;
  - We use it to operate our programs.
- **Ask us not to share certain information about your health. You must ask us in writing. You must tell us what information you do not want shared, and with whom you do not want us to share that information. There may be some cases when we cannot agree to your request. If we cannot agree to your request, we will send you a letter that tells you why.**
- **Take back your approval for us to share your health information. If we ask you to sign an authorization form, you can take it back at any time. You must do it in writing (to the appropriate DCS office or facility that is maintaining your records). This will not change any information that we have already shared.**
- **Ask us to contact you in a different way or at a different address. You must ask us in writing, and tell us why we need to change.**
- **Ask for another copy of this notice or copies of any new notices.**
-

## The Rights Listed Above Apply to the Following Persons

- **Persons 18 years old or older and emancipated minors, regarding their own health information;**
-
- **Persons 16 years old or older who have mental illness or serious emotional disturbance, regarding their own mental health information;**
-
- **Persons who have the legal authority to make health care decisions for another individual, regarding the health information of the individual. <u>Note</u>*: The law defines this being someone's "personal representative". DCS will have to verify that you are authorized to be someone's personal representative. DCS may also decide to not treat you as the personal representative of someone with regard to their private health information, if we believe that you have abused, neglected, or subjected that person to domestic violence, that treating you as their personal representative could put that person in danger, and that it is not in the best interest of the person to treat you as their personal representative;***
-
- **Persons under the age of 18 in specific situations where they consent to treatment that does not require parental consent, or when the doctor has determined that the minor is mature enough to consent to treatment and the doctor does not require parental consent. In these situations, the minor has privacy rights about their own health information related to such treatment.**

## How to Contact DCS with Questions or Complaints Regarding Your Rights to Privacy

**Do you have questions or a complaint about your right to privacy? You can send your question or complaint to one of the following offices below. Asking questions or making a complaint will not have any affect on the services that you or your child receives. Be sure to include in your letter the name, birth date and social security number of yourself, your child or the person you are representing and keep a copy for your records.**

| <u>Send complaints to:</u> | <u>You may also send complaints to:</u> |
|---|---|
| **Legislative and Constituent Services**<br>**Department of Children's Services**<br>**436 Sixth Ave. North**<br>**Floor Cordell Hull Building**<br>**Nashville, TN 37243-1290**<br>**Toll free telephone number: 1-800-861-1935**<br>**E-Mail: Legislative and Constituent Services @ tn.gov.** | **Office for Civil Rights**<br>**U.S. Department of Health and Human Service**<br>**Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW**<br>**Atlanta, GA 30303-8909**<br>**Voice phone (404) 562-7886**<br>**FAX (404) 562-7881**<br>**TDD (404) 331-2867**<br><br>**For complaints filed by email send to:**<br>**OCRComplaint@hhs.gov** |





Distribution: Copies: Pages 1-3 – Client
Page 4 –Signed Client Acknowledgement -Case File

**THIS NOTICE AND THE INFORMATION CONTAINED HEREIN DOES NOT APPLY TO THE RELEASE OF SEALED ADOPTION RECORDS, PURSUANT TO TENNESSEE CODE ANNOTATED, TITLE 36.**

**Tennessee Department of Children's Services**

# HIPAA Notice of Privacy Practices – Client Acknowledgement

The purpose of the *Notice of Privacy Practices* information that you have been given and asked to read is to inform you about the law protecting your health information and how the Department of Children's Services may use your health information.

This *Notice* describes your privacy rights regarding your health information and how you may exercise those rights. This *Notice* also gives you information about where to direct your questions or comments about the policies and procedures the Department of Children's Services uses to protect the confidentiality of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

---

## Client Acknowledgement

I have received the Department of Children's Services (DCS) *Notice of Privacy Practices*, which describes how DCS may use my health information, my rights to privacy regarding my health information, and how I can exercise those rights.

| | |
|---|---|
| *Signature - Client (or Personal Representative)* | *Date* |

**Note: Department of Children's Services retains this signed page. The Client retains the Notice of Privacy Practices information attached.**



*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

Distribution: Copies: Pages 1-3 – Client
Page 4 –Signed Client Acknowledgement -Case File

**Tennessee Department of Children's Services**

# Medical Self-Report (Annual) Resource Parent/Child

(Please Print Clearly)

**Last Name**_____ **First Name**_____

**DOB**_____ **SS#** _____**Sex** _____ **Race**_____

**Street Address**_____

**City**_____ **State** _____ **Zip Code**_____

**Language spoken in the home**_____

**CURRENT MEDICATIONS & DOSAGE** (List all prescription and over the counter medications you are currently taking)_____

_____

**ALLERGIES** ( medication, food, insect stings, etc) ☐ Yes ☐ No Specify_____

**SPECIAL DIET** _____

**MEDICAL**

Do you have a regular medical provider ☐ Yes ☐ No
If yes, name of medical provider _____ Date of last visit _____

**MENTAL HEALTH**

Have you been treated or hospitalized for a mental illness or suicide thoughts/attempt within the last twelve months ☐ Yes ☐ No
If yes, list dates and hospital_____
Have you had a psychological evaluation within the last twelve months ☐ Yes ☐ No
If yes, list date and provider _____

**ALCOHOL/DRUG HISTORY AND FREQUENCY**

| | | | |
|---|---|---|---|
| ☐ | Alcohol _____ | ☐ | Hallucinogens _____ |
| ☐ | Marijuana _____ | ☐ | Sedatives _____ |
| ☐ | Barbiturates _____ | ☐ | Steroids _____ |
| ☐ | Amphetamines _____ | ☐ | Tobacco _____ |
| ☐ | Huffing _____ | ☐ | Other _____ |

***For Children Only:***

**IMMUNIZATIONS**

Are immunizations up to date ☐ Yes ☐ No Is copy of immunization record available ☐ Yes ☐ No

**To your knowledge have there been any changes in your physical, mental, or emotional health since y our last home study reassessment?**

☐ Yes ☐ No

Specify any physical, mental or emotional changes in your health within the last twelve months

_____

_____

_____

Signature_____ Date _____

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*
*Distribution: Resource Home Study Case Files*

Tennessee Department of Children's Services

# Resource Family Disaster Plan

Resource Family Name: _____

This document contains my plans if I am required to leave my home address due to a natural disaster or catastrophic event.

**If I need to evacuate my home, I would relocate to:**

**FIRST CHOICE**: (*name of friend or family if relocating to a residence, address, phone number, alternate phone number, other contact information – email, other*):

_____ _____
*Name* *Address*

( ) - ( ) - _____
*Telephone No.* *Alternate Telephone No.* *Other Contact Information*

If I am not able to go there, my **SECOND CHOICE** would be: (*address, phone number, alternate phone number, other contact information – email, other*):

_____ _____
*Name* *Address*

( ) - ( ) - _____
*Telephone No.* *Alternate Telephone No.* *Other Contact Information*

Other means of contacting me: ( ) - _____
*Cell Phone Number* *E-Mail Address*

Contact information for persons who I would be in touch in case of an emergency and who Department of Children's Services (DCS)/Provider could contact if necessary (*e.g.*, *family member or friend, living outside of the immediate area, etc*):

_____ _____ ( ) -
*Name* *Address* *Telephone No.*

_____ _____ ( ) -
*Name* *Address* *Telephone No.*

Other information: _____

I understand that there are critical items I am urged to take with me when we evacuate. These include:

- DCS/Provider contact information (*e.g., Family Service Worker and emergency contact numbers*).
- My children's medical information (*e.g., prescriptions, recent medical records, physician's name and contact information and immunization history).*
- Educational records.
- Identifying information for the child including citizenship information.
- Court order giving the DCS custody of any children in my home at the time of the event.

I understand that I am required to check in with DCS/Provider. I can use these telephone numbers:

( ) - ( ) - ( ) -

I understand that should any of the information included in this plan change that I am to update this form within fourteen (14) days of the change and provide the DCS/Provider with the update.

_____ _____
*Signature* *Date*

_____
*Print Name*

*Check the "Forms" Webpage for the most current version and disregard all previous versions. This form may not be altered without prior approval.*
*Distribution: Child/Youth's Case File, Resource Parent, Central Office Director of Foster Care and Adoption*