



Dear Potential Foster & Adoptive Parent (s);

Thank you very much for your recent inquiry regarding our Foster Care & Adoption Programs. Both, undoubtedly makes a difference in a child's life for years to come, and we truly appreciate your interest!

Please complete these attached documents, so we will have information about you and your family when we meet. The front page is a check list of all the documents you will need to return to us **(please complete the check list and include it in your application as well)** and the forms need to be filled out for all adults who reside in your home on a full or part time basis. If you need to make copies of any documents for additional members of your household, please feel free to do so. **(Specifically, the Affidavit of Good Moral Character and fingerprint form for each member 18 and older for you and spouse)**

Return the completed forms and copies needed to FosterScreening@KidsCentralInc.org. You may also choose to mail them or drop them off at **901 Industrial Drive, Suite 200, Wildwood, FL 34785. Please make sure that Anthony's name is on any correspondence** (email, envelope, etc.) After the forms are prescreened, and they indicate you qualify to foster, you will be provided with further information about attending an orientation. We encourage you to visit the Foster Care Corner and Adoption portion of our website, www.kidscentralinc.org, to learn more about our programs.

While you might feel a little overwhelmed after reviewing all the requirements to become a foster & adoptive parent, please rest assured that the benefits of providing a safe, stable home to a child in need of a family, will far outweigh the effort it takes to become licensed or ready to adopt. If you are uncertain about making a commitment to care for a child on a long term basis, we have other opportunities such as volunteering at our corporate office, professional guidance, mentoring, or foster parents who are willing to provide respite services (giving another foster parent a break) or offer to care for children on an emergency/short term basis. Whatever your skills, gifts, and talents, there is a way for you to positively impact a child/family in our communities.

As you take steps to learn more about what is involved in assuming the important role of a Foster or Adoptive Parent, Kids Central looks forward to the opportunity to work closely with you and your family through the process. We are excited you are considering embarking on this journey!

Sincerely,

Anthony Ramsey
Administrative Assistant (OHC)
Kids Central, Inc.
901 Industrial Drive, Suite 200
Wildwood, FL 34785
Direct Line: 352-387-3487





KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

Becoming a Licensed Foster Parent

Kids Central Inc. is the lead agency in Circuit 5, which includes Citrus, Hernando, Lake, Marion and Sumter Counties. We develop and manage the delivery of a comprehensive, community-based system of care for abused, neglected and abandoned children and their families. This includes contracting with service providers in each county for case management, adoption and other services needed to round out the full spectrum of care needed by the children and families in each county.

WHAT IS FOSTER CARE?

A licensed foster parent provides **temporary** care to children whose families are unable to care for them.

Foster parenting is a position of public trust and a privilege, not a right or entitlement. Foster parents provide temporary care to children between the ages of 0-17 until they can return to their family, a non-relative, an adoptive home is found, or the child achieves independence. Children are either in shelter care status or foster care status, depending on their individual situation. In shelter care status, children could be placed for a few days or as long as 6 months. Children in foster care status can remain for up to one to two years or longer. Families are licensed through Kids Central, Inc., by the Department of Children and Families to provide homes for children in either shelter or foster care status. It typically takes approximately 1-2 months to become a licensed foster parent after completion of the Foster Parent Pre-service Training.

WHAT ARE THE REQUIREMENTS TO BECOME A FOSTER PARENT?

- Foster Parents in Florida must be at least 21 years of age.
- Background screening is conducted on all adults in your home. This includes FBI (National), FDLE (State), local law enforcement checks, child abuse registry checks, civil checks through the Clerk of Court in the county of residence and checks through the Department of Motor Vehicles. If you have lived in the state of Florida for less than 5 years, abuse history checks (Adam Walsh checks) will also be completed in your previous state of residence. Please report to Kids Central any previous involvement with law enforcement at the time of orientation. We understand that life happens and that errors in judgment occur. We won't judge you, but we need to be aware of your history and its better if we hear it from you.
- All children in the home must have a child abuse registry check and all children 12 years of age and older must also have a Department of Juvenile Justice Check.
- Income – you must have legal, stable and documented income that is sufficient to support themselves and their family without the assistance of the board rate. As a guideline, discretionary income in the amount of at least four to six weeks of the board rate (board rate details below) should be available. You may not be able to continue the process if you are receiving unemployment (temporary income) or food stamps.
- You must take the 27 hours Pre-service training. In the case of an unmarried couple who resides together as a family unit, both individuals must complete Pre-service training, the background screening process and be fully assessed through the home study process.
- All applicants, married and single, must identify a "back-up". This is someone who can assist with the

care of the foster children in your home in order to give you a break or in the event of an emergency. All back-ups must be cleared through the background screening process.

- It is highly recommended, that a back-up who will be providing primary care (i.e. watching children in lieu of daycare) for foster children, must also complete the required 27 hours of pre-service training.
- A water safety class is required prior to licensure if your home has a pool (above ground or in-ground) or Jacuzzi, if you live near a body of water or in an apartment complex that has either.
- At least 2 home visits will be conducted with all family members present and all family members will be interviewed.
- The following references will be completed: 2 personal references who have known you for at least 2 years (cannot be relatives), all adult children, 2 neighbor or 2 community references can be included, school and daycare references for all minor children living in your home. Other references will be completed as needed.
- Copies of your driver's license, auto insurance (including bodily injury), social security cards, child support verification, citizenship papers/visa if **not** born in the United States and documentation of current.
- Satisfactory Health Inspection completed by the Licensing Specialist.
- Evacuation plan is needed denoting the location of smoke detectors, fire extinguishers (size 2A10BC), all exits and a centralized meeting place outside the home.
- Transportation – you must be able to assist with the transportation needs of the children (visits with biological parents, medical appointments, counseling, etc.). Cars must be operable with working seat belts and have proper child restraint seats for the age range of the children to be placed in the home.
- Communication- you must have immediate access to a telephone, computer and printer.
- If you have a licensed in-home daycare, your daycare license must be amended so that the number of daycare children, the number of children that reside in your home, and your capacity does not exceed 5.
- Applicants will be required to fully disclose health history for themselves and each member of the household, to include current physical, mental, or emotional health status, any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition
- Review of and signature on various forms to confirm an understanding of and agreement with policies specific to Kids Central, Inc. and the Department of Children and Families.

WHAT DO I NEED TO DO TO PREPARE MY HOME FOR FOSTER CHILDREN?

- Must have a first aid kit available.
- Home and yard must be free from clutter
- All walkways and exits inside the home must be clear
- Home must be free of exposed wires.
- All medication, poisonous and hazardous materials/chemicals and cleaning supplies must be secured (locked) in a closet, container or cabinet, which is inaccessible to children (locked area must not be laundry room or bathroom).
- Combustible items must be stored away from any heat source and it is recommended that they be stored in a locked location.
- Water quality will be tested for all homes with wells.
- All doors with locks must open from the inside.
- All swimming pools must have a barrier on all 4 sides that is at least 4 feet in height. This barrier can be a fence, screen enclosure, exterior walls of the home, child safety fence or the side of an above

ground pool.

- All access points to the pool must be locked when the pool is not in use.
- Hot tubs must be secured with locked cover.
- Alcoholic beverages must be inaccessible to children. It is recommended to families who prefer older children that alcohol be stored in a locked location.
- Weapons, such as guns or a bow and arrows, must be locked and inaccessible to children.
- A fire extinguisher (size 2A10BC) must be kept in or adjacent to the kitchen. If the home has a 2nd story, another fire extinguisher must be kept on the 2nd floor. All fire extinguishers must be inspected and tagged annually.
- If the home has a 2nd story, another means of escape, such as a safety ladder, is needed.
- Smoke detectors must be present in all sleeping areas (this does not mean in each bedroom).
- Fire drills must be conducted at least every 6 months and every time a new child is placed in the home.
- Heating sources, fireplaces and any other hot surface will need a protective barrier in place to prevent accidental contact.
- Burglar bars on windows must be easily collapsible.
- There must be a window or door in each bedroom, in addition to the exit/entry door.

WHAT ARE APPROPRIATE SLEEPING ARRANGEMENTS FOR FOSTER CHILDREN?

As a general rule, there should be no more than a total of 5 children under age 17 in your home. This number includes biological children, adopted children, grandchildren if you are the primary caretaker for them, along with relative and non-relative placements and foster children. Exceptions by waiver can be made to increase your capacity temporarily. Infants under 12 months of age may share a bedroom with an adult. Children over 12 months may not sleep in a room with anyone 18 years of age or older. Children over 3 years of age (36 months) may not share a room with a child of the opposite sex (accept their siblings). Every child in the home must have a bed of their own. Children may not sleep on a couch, futon, trundle, rollaway bed or in a pack-n-play on a long-term basis. Children may not sleep in a crib with drop sides.

Each child must have adequate storage space to accommodate their belongings. All personal items acquired by the child while living in the foster home must be sent with the child when he/she leaves.

The licensing specialist will review your bedrooms when she/he visits your home and will work with you to determine the appropriate capacity for your family.

WHAT FINANCIAL ASSISTANCE IS AVAILABLE FOR FOSTER PARENTS?

Board Payment: Foster parents receive reimbursement for standard expenses related to the care of children. Expenses considered in calculating reimbursement include food, clothing, transportation, extra-curricular activities, utilities, telephone, linens, recreation, child's allowance and personal incidentals. The board rate is as follows:

	Monthly rate
Ages 0-5 years	\$551.61
Ages 6-12	\$565.74
13 to 17 years	\$662.19

Clothing allowance: When a child **initially** comes into care, a foster parent can spend up to \$100 on a child and submit the receipts to Kids Central for reimbursement. This is only applicable for a child's FIRST placement in foster care.

An annual clothing allowance is issued during the summer with the expectation that this will help to offset the cost of preparing children for back to school.

WHAT HAPPENS AFTER I'M LICENSED?

- You will be assigned a Licensing Specialist who will be your "Re-Licensing Specialist".
- Each parent must complete 8 hours of training per year. Kids Central offers training on a variety of topics throughout the year.
- If daycare is used for a foster child, the facility must be licensed by the Department of Children and Families.
- Completion of HIPAA & Security Awareness, if not done before.
- Select a Pediatrician to use for foster children.

DISCIPLINE

Spanking or any other type of corporal/physical discipline is not allowed with foster children under any circumstances. Training in the use of alternative, appropriate methods of discipline will be provided by Kids Central Inc.

ONGOING TRAININGS

- ⊕ 40 hours of additional training if you are interested in becoming a medical foster parent. Can only be completed after traditional license is received
- ⊕ 30 hours of additional training if you are interested in becoming a therapeutic foster parent. Can only be completed after traditional license is received
- ⊕ Social & Physical Aggression
- ⊕ Psychotropic medication training - Required before licensure
- ⊕ Water Safety Training – Required within first year of licensure if not taken prior to licensure and updated at least every 3 years.
- ⊕ First Aid Training – optional, but highly encouraged
- ⊕ Car Seat Training- optional
- ⊕ CPR Training- optional, but highly encouraged

Training hours can also be obtained through providers in the community.

KIDS CENTRAL, INC. IN PARTNERSHIP WITH FOSTER PARENTS IN CIRCUIT 5

As a foster parent, your ability to work in partnership with all of the professionals involved in a child's life, such as the biological family, Family Care Managers, Guardian Ad Litem, therapists, school staff and your licensing specialists, will largely determine the degree of your success. We strongly encourage new foster parents to become actively involved in the Foster Parent Association in their county. This source of support, as you learn to navigate the child welfare system, is invaluable. We need foster parents who can be strong advocates for the children they are charged with caring for, but this must be done in a professional, solution-focused manner while always keeping the child's best interests as the top priority.

No person shall be discriminated against on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, or any other characteristic protected by federal, state or local law.



KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

Orientation Preparedness Checklist

Name Parent 1: _____ Parent 2: _____

Email 1: _____ Email 2: _____

Telephone 1: _____ Telephone 2: _____

Please include copies of the following documents and this completed checklist with your application:

Document	Check
Copy of Drivers License for each applicant	
Copy of Social Security Card for each applicant	
Bank Statements - Savings & Checking for entire household for one month	
Proof of Income - (1) month of paystubs for each applicant	
US Tax Returns - (2) years if self-employed, otherwise 1 year (form 1040 only)	

Please read over and sign all documents listed below:

Document	Check
Orientation Screening Tool - (1) for the entire household	
Release of Information Form - (1) for each over the age of 18	
Central Abuse Hotline Record Search – List all family members living in home	
Affidavit of Good Moral Character - (1) for each person over the age of 18 (signature must be notarized on page 3)	
Fingerprint Authorization Form - (1) for each person over the age of 18 (Complete, sign, and return only – DO NOT GET FINGERPRINTED AT THIS TIME)	
Pledge of Honesty - (1) for each person over the age of 18	
Family Financial Statement - (1) for the entire household	

PLEASE DO NOT STAPLE ANY PAGES



KIDS CENTRAL, INC.
A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN
Building Better Lives

Orientation Screening Tool

County of Residence: _____

Primary Applicant : _____ Date of Birth: _____

Previous Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Drivers License No. _____ State: _____

Date of Current Marriage: _____ Previously Married: Yes ☐ No ☐

Number of Previous Marriages: _____

If divorced and not currently married, date of divorce: _____

Employer: _____ Schedule: _____

of years employed: _____ If less than 2 years, previous employer: _____

Co-Applicant : _____ Date of Birth: _____

Previous Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Drivers License No. _____ State: _____

Date of Current Marriage: _____ Previously Married: Yes ☐ No ☐

Number of Previous Marriages: _____

If divorced and not currently married, date of divorce: _____

Employer: _____ Schedule: _____

of years employed: _____ If less than 2 years, previous employer: _____

Preferred Method of Contact: Phone ☐ Email ☐ Postal Mail ☐

List ALL members of your household (Anyone who lives in your home, not including yourself or co-applicant.)

Name	Date of Birth	Relationship

Do you or your co-applicant have any children living away from home: Yes ☐ No ☐ If so, please list:

Name	Date of Birth	Relationship

If any children are living away from home are under the age of 18, why are they living outside your home, and who do they live with? _____

Do you rent ☐ or own ☐ your home? If you are renting your home, when is your lease up? _____

Do you receive ☐ Public Housing or ☐ Section 8 Housing? Name and Contact of Landlord is needed for verification. _____

If you are receiving any of the following sources of income, please check and explain below.

☐ Food Stamps ☐ TANF ☐ Relative Care Giver Funds

Have you or anyone in your household ever been involved in a bankruptcy? Yes ☐ No ☐

Have you or anyone in your household ever been involved in any foreclosure action? Yes ☐ No ☐

If yes, what was the date of the bankruptcy or foreclosure? _____

Have you or anyone in your household ever been involved in a domestic violence incident? Yes ☐ No ☐

Have you or anyone in your household ever been arrested? Yes ☐ No ☐ (If yes, list below.)

Name at Time of Incident	Date	City of Arrest	Offense	Outcome

Have you or anyone in your household ever been a party in an injunction case? Yes ☐ No ☐

Have you or anyone in your household ever been involved in an investigation of abuse or neglect in the State of Florida or any other State? Yes ☐ No ☐ If yes, what year? _____ State? _____

Do you or anyone in your household have a drug/alcohol related violation on your driving record?

Yes ☐ No ☐

Have you or anyone in your household ever been or are you currently under the regular care of a doctor, therapist or mental health counselor? Yes ☐ No ☐ If yes, please explain: _____

Is anyone in the household on medication? Yes ☐ No ☐ If yes, please list and explain: _____

Do you and your co-applicant have reliable transportation? Yes ☐ No ☐

Do you and your co-applicant have access to a computer and printer? Yes ☐ No ☐

Do you and your co-applicant have immediate access to a telephone? Yes ☐ No ☐

Do you read, write and speak English fluently? Yes ☐ No ☐

Does your co-applicant read, write and speak English fluently? Yes ☐ No ☐

Have you ever been licensed, applied to be licensed or taken a MAPP, PRIDE or other pre-service class with another agency to be a foster or adoptive parent?

Yes ☐ No ☐ If yes, what agency? _____

Where? _____ When? _____

How did you learn about Kids Central's foster care program? _____

Why are you interested in fostering children? _____

Why are you interested in adopting children? _____

Preference of desired age of foster child:

☐ birth to five years ☐ six to eleven ☐ twelve to seventeen

IMPORTANT NOTE: Pursuant to the Multi-Ethnic Placement Act of 1994 and the Small Business Job Protection Act of 1996, Section 1808, Removal of Barriers to Interethnic Adoption, "race, culture or ethnicity may not be used as a basis for any denial of placement, nor may such factors be used as a reason to delay any foster or adoptive placement. Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents,

toward children who need safe and appropriate homes, or toward communities or populations which may have previously been under-utilized as a resource for placing children.”

I/We understand that once licensed to foster, children will be placed in my home that may become available to be adopted. I/We understand that under no circumstances is it guaranteed that we will be able to adopt the child that we are fostering. *****

I/We attest that the information given on this screening tool is correct to the best of my/our knowledge. I/We also understand that it is unlawful for any person to make a willful or intentional misstatement on any license application or other document required to be filed in connection with an application for a license.

Signature	Date
Prospective Parent	

Signature	Date
Prospective Parent	



RELEASE OF INFORMATION

I(we) hereby authorize the release of any information requested by the Department of Children and Families to be utilized in determining my(our) suitability to become

☐ a licensed out-of-home caregiver, or ☐ an adoptive parent.

I(we) hereby grant permission to the Department of Children and Families to obtain information from local, state, or federal law enforcement agencies to help determine my(our) suitability to serve as a foster parent or as an adoptive parent. I(we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my(our) participation in

☐ the licensed out-of-home care program, or ☐ the adoption program.

Applicant's Signature

Date

Applicant's Signature

Date

Name of all household members aged 12-17 years old:



Central Abuse Hotline Record Search

I/we, _____ and _____
(please print – first, middle, last name) (please print – spouse first, middle, last name, if applicable)

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were "verified indicators" of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: _____ Date: _____ Phone: _____
Print name legibly on line, then affix signature

Spouse Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

Applicant: Last four digits of SSN: _____ DOB: _____ Race: _____ Sex: _____

Spouse: Last four digits of SSN: _____ DOB: _____ Race: _____ Sex: _____

Prior Name(s): _____

Current Address:	Address	City	County	State	Zip	Dates at Address
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Previous Address:	Address	City	County	State	Zip	Dates at Address
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Previous Address:	Address	City	County	State	Zip	Dates at Address
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Reason for Record Search: ☐ Adoption Applicant (Chapter 63) ☐ DCF Employee (Chapter 39)
☐ Licensing/Registration Applicant (Chapters 39 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all household members ages 12 and older on page two of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY

☐ Foster Home/Shelter ☐ DD Foster Home ☐ Adoption

OCA and/or Facility ID: _____

Facility/Agency Name: _____ Phone: _____

Address: _____
Mailing Address City Zip Code

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Printed Name and Signature of Requesting Facility/Agency Representative _____

Date _____

[illegible]

☐ No records found with verified findings where the applicant was the caretaker responsible in the final role or, for licensing, in any role in three reports within a five year period.

☐ Records for an adoptive/foster home applicant are attached:

☐ Records for a private adoption applicant found for review are listed below:

[illegible]



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., "Service Provider Personnel" and "Peer Specialists" screened pursuant to s. 397.407, F.S.; "Recovery Residence Personnel" screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S.

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization
this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced: _____



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., "Service Provider Personnel" and "Peer Specialists" screened pursuant to s. 397.407, F.S.; "Recovery Residence Personnel" screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S.

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

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SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above**. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization
this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced: _____



KIDS CENTRAL, INC.
A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN
Building Better Lives

BY APPOINTMENT ONLY

Circuit 5 Fingerprint Based Criminal History Check Form

☐ Services- 3Z
Placement with a
Relative or Non-Relative
(FL921923Z)

☐ Licensing
Prospective
Foster
(EDCFGN10Z)

☐ Adoption
(FL921923Z)

☐ New Hire
(EDCFGN10Z)
(FL924280Z)GAL

Agency Name & Location: Kids Central Inc

Livescan # (OCA): 13420200Z

A fingerprint check is requested from adult persons who have not been licensed and thoroughly screened by the Kids Central, Inc. This is to safeguard that a child is not left in the care of someone who may have criminal charges found in Florida Statute 435.045 or any other charges with may indicate a potential risk to a child.

By signing this form and being fingerprinted, you understand that your criminal history will be checked with the Federal Bureau of Investigation (FBI) and you are certifying that the information below is correct.

PLEASE PRINT

Name: _____ Phone Number: _____

Drivers License # _____ Exp Date: _____

Aliases: (Nickname/AKA): _____

Maiden Name: _____

Social Security No: _____ Date of Birth: _____

Place of Birth: (US State/Country): _____ Country of Citizenship: _____

Home Address: _____
Street City State Zip

Employer: _____ Occupation: _____

Employer Address: _____
Street City State Zip

Sex: _____ Eye Color: _____ Height: _____

Race: _____ Hair Color: _____ Weight: _____

Applicant's Signature: _____ Date: _____

Please fax or email this form BEFORE making an appointment

Case Worker/ Requestor Only

Requestor : _____ (Please Print) Phone: _____

Supervisor or Requestor Signature: _____

Case No: _____ Date Requested: _____

Fingerprint Criminal History Check Form

BY APPOINTMENT ONLY



KIDS CENTRAL, INC.
A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN
Building Better Lives

BY APPOINTMENT ONLY

Circuit 5 Fingerprint Based Criminal History Check Form

☐ Services- 3Z
Placement with a
Relative or Non-Relative
(FL921923Z)

☐ Licensing
Prospective
Foster
(EDCFGN10Z)

☐ Adoption
(FL921923Z)

☐ New Hire
(EDCFGN10Z)
(FL924280Z)GAL

Agency Name & Location: Kids Central Inc

Livescan # (OCA): 13420200Z

A fingerprint check is requested from adult persons who have not been licensed and thoroughly screened by the Kids Central, Inc. This is to safeguard that a child is not left in the care of someone who may have criminal charges found in Florida Statute 435.045 or any other charges with may indicate a potential risk to a child.

By signing this form and being fingerprinted, you understand that your criminal history will be checked with the Federal Bureau of Investigation (FBI) and you are certifying that the information below is correct.

PLEASE PRINT

Name: _____ Phone Number: _____

Drivers License # _____ Exp Date: _____

Aliases: (Nickname/AKA): _____

Maiden Name: _____

Social Security No: _____ Date of Birth: _____

Place of Birth: (US State/Country): _____ Country of Citizenship: _____

Home Address: _____

Street

City

State

Zip

Employer: _____ Occupation: _____

Employer Address: _____

Street

City

State

Zip

Sex: _____

Eye Color: _____

Height: _____

Race: _____

Hair Color: _____

Weight: _____

Applicant's Signature: _____ Date: _____

Please fax or email this form BEFORE making an appointment

Case Worker/ Requestor Only

Requestor : _____ (Please Print) Phone: _____

Supervisor or Requestor Signature: _____

Case No: _____ Date Requested: _____

Fingerprint Criminal History Check Form

BY APPOINTMENT ONLY



KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

Pledge of Honesty

As an applicant for a License to provide Foster Care, you are required to submit truthful and complete information. Florida Administrative Code, Chapter 65C-45 defines Terms of a License as follows:

An applicant who makes a willful or intentional misstatement on an application for licensure shall have his or her license denied or revoked.

By signing this document, you are acknowledging that you have been informed of this expectation. Thorough, comprehensive and truthful background information is critical to the assessment process that must be completed in order to determine if fostering is a good fit for your family. Failure to disclose information or providing inaccurate information will result in termination of the licensing process.

Applicant Signature: _____

Printed Name: _____

Date: _____

Applicant Signature: _____

Printed Name: _____

Date: _____

FAMILY FINANCIAL STATEMENT

Substitute care parents must have sufficient income to ensure their stability and the security of their own family without relying on the board payments.

NET MONTHLY INCOME

Applicant \$ _____

Co-Applicant \$ _____

SSI/SSDI/SSA \$ _____

Other* \$ _____

* Please list source of other income

TOTAL \$ _____

AVERAGE MONTHLY EXPENSES

Mortgage/Rent \$ _____

RE Taxes/Insurance \$ _____

Car Payment \$ _____

Credit Cards \$ _____

Other Loans \$ _____

Electricity \$ _____

Natural Gas-House \$ _____

Water \$ _____

Telephone \$ _____

Cable \$ _____

Insurance-Auto \$ _____

Child Care \$ _____

Child Support /
Alimony \$ _____

Gas-Auto \$ _____

Groceries \$ _____

Misc \$ _____

TOTAL \$ _____

Applicant _____

Date _____

Co-Applicant _____

Date _____