K	C Name:	
P(OC #:	
C	W Name:	
Re	eferral Date:	
PA	AT Level:	
<u>C</u> 1	ERTIFICATION PACKET WEEK 1:	
	Make Introductions/Answer questions	
	Complete Present Danger Assessment	
	o If "yes" to any questions, contact supervisor or on-call supervisor	
	Review Certification Requirements (sign off on handout)	
	Clearances: CA, CR, FBI, Act-160 (Auth and Disclosure) (Complete all within the home)	
	Request FBI fingerprint documentation	
	Complete Statistical Demographic Form	
	Complete All Policies	
	Distribute "No Smoking" signs	
J	Complete Release of Information	
	Schedule Training (Provide training dates to KCG) Training Dates: Day 1 Day 2	
	Request Vehicle Information (Auto registration, car insurance, license information)	
	Complete Managed Care Enrollment form	
	Inform about Medicals-KCG(s), HHM(s) over 18 and give medical exam form(s) and ROI	
	O Does the KC(s) and HHM(s) have medical insurance? Y or N?	
	o If no, complete request for medical examination with Dr. Walker and submit to supervisor	
	Inform about Child(ren) Immunizations, Child(ren) Dental, Child(ren) Medical	
	Identify Sub-CG; If can't identify, schedule extended family meeting	
	Leave Autobiography with KCG(s)	
	Leave references with KCG(s)	
	Schedule remaining 3 visits	
]	Schedule ISP; inviting Sub-CG and CYF CW if available	
	Discuss 48-C process	
]	Complete DPW home inspection	



CERTIFICATION CHECKLIST

	POC #: Referral Date: Due		
	Kinship Caregiver(s) Names:	:	<u> </u>
	Household Members Age 14+:	:	
	Household Members Age 18+:	:	:
	Primary Kinship Caregiver		Secondary Kinship Caregiver 🔲 N/A
	Autobiography		Autobiography
	☐ Completed Financial Statement	-	☐ Completed Financial Statement
	☐ Verification of Income (W2 or Pay Stub)		☐ Verification of Income (W2 or Pay Stub)
	Medical Exam(s) (KCG required); (house hold members age 18		
_	& over required, but not to hold up certification)		18 & over required, but not to hold up certification)
	a over required; but not to note up tertification)		18 & over required, but not to hold up certification)
	☐ Are all individuals applicable negative for TB?		A we all individuals applicable manative for TD0
	☐ Are all individuals applicable documented as able		☐ Are all individuals applicable negative for TB?
	to handle the increased stress of parenting?		☐ Are all individuals applicable documented as able
	☐ Are all individuals applicable documented as being free		to handle the increased stress of parenting?
	from communicable disease?		☐ Are all individuals applicable documented as being
	☐ Is the ROI completed and submitted for all corresponding		free from communicable disease?
	medicals in the file (not to hold up cert)		☐ Is the ROI completed and submitted for all
		+-	corresponding medicals in the file (not to hold up cert)
	DPW Inspection (evidencing home compliance) ☐ Verification of Homeowner's or Renter's insurance		DPW Inspection (evidencing home compliance) (*signature)
		_	☐ Verification of Homeowner's or Renter's insurance
	Discipline Policy		Discipline Policy (*signature only needed)
	Grooming and Hygiene Policy		Grooming and Hygiene Policy(*signature only needed)
	Clean Indoor Act Policy		Clean Indoor Act Policy(*signature only needed)
	Transportation Policy		Transportation Policy(*signature only needed)
	☐ Copy of KC's driver's license		☐ Copy of KC's driver's license
	☐ Copy of automobile registration card		☐ Copy of automobile registration card
	☐ Copy of automobile insurance card		☐ Copy of automobile insurance card
	References (4) (3 is minimum requirement)		References (4) (3 is minimum requirement)
	Foster Parent Registration Form		Foster Parent Registration Form
	Act 160 Disclosure Form		Act 160 Disclosure Form (*signature only needed)
	Act 160		Act 160
	Criminal Clearance(s) (age 14 and above) (Internal process to		Criminal Clearance(s) (age 14 and above) (Internal process to
	run CR clearances on all 13 and above)		run CR clearances on all 13 and above)
			,
	Child Abuse Clearance(s) (age 14 and above) (Internal process		Child Abuse Clearance(s) (age 14 and above) (Internal
	to run CA clearances on all 13 and above)		process to run CA clearances on all 13 and above)
	☐ Title 18 disclosure form	1	☐ Title 18 disclosure form
			FBI Fingerprints (age 18 and above) (Internal process to run
	FBI Fingerprints (age 18 and above) (Internal process to run		FBI clearances on all 17 and above
	FBI clearances on all 17 and above		
	14 hours of Kinship Caregiver Training (SARKS)		14 hours of Kinship Caregiver Training (SARKS)
	Kinship Caregiver Family Profile completed and typed		Kinship Caregiver Family Profile completed and typed
	Placement Plan and Agreement		Placement Plan and Agreement (*signature only needed)
1	of HIM 14-17 years of age 🔲 🗓 N/A	# n	f HHM 18 years of age or older □ N/A
			riminal Clearance(s) (age 14 and above) (Internal process to
_	run CR clearances on all 13 and above)	_ ·	un CR clearances on all 13 and above)
	Tun CR cicarances on an 13 and above)	1.	an CR clear ances on an 15 and above)
	Child Abuse Clearance(s) (age 14 and above) (Internal process	_ C	hild Ahusa Claaranae(s) /ogo 14 and shows (I-4
ш	to run CA clearances on all 13 and above) (Internal process		hild Abuse Clearance(s) (age 14 and above) (Internal process
	☐ Title 18 disclosure form	ц	orun CA clearances on all 13 and above) □ Title 18 disclosure form
		יוויתו [
		urb TT	II Fingerprints (age 18 and above) (Internal process to run
			BI clearances on all 17 and above
			M(s) over age 18 Medical Exams
	Z/Forms/POC/Certification Checklist		
	Revised 2/2012	POC	Supervisor Signature Date
	·		

Additional Certification Requirements

Kinship Caregiver Name	POC#
Child(ren) Name(s)	
☐ Child(ren) Photograph(s)	
☐ Authorization to Care	
☐ Child Grievance Form(s) and Child Right	s Policy
☐ Second Completed Kinship Foster Care Pl completed following completion of Certifi	acement Plan and Agreement(s) - Second PPA is to be cation
☐ Clothing Inventory	
☐ Managed Care Enrollment(s)	
☐ EPSDT Medical Exam	
☐ Immunization Record	
☐ Dental Exam	
☐ Report Card	
☐ Birth Certificate	
☐ Child(ren) Social Security Number	
☐ Initial ISP(s)	
☐ ISP Invitation Letter(s)	
☐ Substitute Caregiver Packet completed	
☐ KSA – Focus A	
☐ KSA – Focus B	
☐ KSA – Focus C	
☐ KSA – Focus D	
Z/Forms/POC/Certification Checklist Revised 2/2012	POC Supervisor Signature Date



CERTIFICATION AGREEMENT

	nship Caregive			Child(ren):						
	C #:			Intake Date		ate due for Co				
Plea	pe of Study (cl use find listed be n due date be me	low the requi	□ EC rements to b	☐ ECOP Decome a certif	☐ Special ied foster parent. I	-	Consideration it is important that			
1)					t obtain a medi	cal exam	Date Due			
-)	which include	les a tubero	culosis tes	t.			(within 15 days)			
2)		pps &	(within 15 days)							
3)	Complete the	e kinship c	aregiver a	utobiograph	y/application.					
						•	(within 15 days)			
4)	Obtain 4 wri	tten referer	nces per k	inship caregi	ver					
							(within 15 days)			
5)			•		` / *					
				,	r	,	(within 30 days)			
					wing paperwork w	vill be/was com	pleted on the initial			
D I polic	Review of the cies Completion of Completion of Completion of	Discipline, the Releas Substitute	Transportes of Info	tation, Groo rmation r policy	ming and Hygi					
		FBI and A	ct 160 Cl	earances on l	Primary and Se	condary Care	egiver			
your (care, this POC care read this docume	aseworker wi ent and that y	ll maintain : ou agree to	monthly home abide by the da	visits. Your signat tes as agreed upor	ure below ackn 1. Please note th	owledges that you			
Kins	hip Caregiver			Date	Kinship Careg	giver	Date			
	Every household member age 18 & over must obtain a medical exam which includes a tuberculosis test. Complete 14 hours of kinship caregiver enrichment workshops & associated homework/ class work assignments. Complete the kinship caregiver autobiography/application. Complete the kinship caregiver autobiography/application. (within 15 days) Obtain 4 written references per kinship caregiver (within 15 days) Obtain a physical, dental & eye exam for the child(ren) & present documentation to A Second Chance, Inc. Cooperation with mental wellness needs of the child(ren). assist you and your family to begin this process, the following paperwork will be/was completed on the initial to your home. (Caseworker please check all that apply) Department of Public Welfare (D.P.W.) Home Inspection Review of the Discipline, Transportation, Grooming and Hygiene and Clean Indoor Air Act icies Completion of the Releases of Information Completion of Substitute Caregiver policy Completion of the Criminal and Child Abuse clearances on all household members age 14 & over Completion of FBI and Act 160 Clearances on Primary and Secondary Caregiver order to monitor your families' progress in the certification process, and to ensure the safety of the child(ren) in care, this POC caseworker will maintain monthly home visits. Your signature below acknowledges that you read this document and that you agree to abide by the dates as agreed upon. Please note that becoming a fied foster parent in the appropriate time frames is a requirement of our agency.									
Point	of Contact C	aseworker		Date	ACCYF Ref. ((if applicable) Date			

Z/Forms 2008/POC/KCG Cert Agreement 11/2010



KINSHIP CARE

Providing Service with Conviction, Dignity. Respect and Honesty

8350 Frankstown Avenue, Pittsburgh, PA 15221 (412) 342-0600 phone (412) 342-0402 fax

Statistical Demographic Form

		Initial Home Visit
		
		
		Closure Date
Date		
CFS Caseworker_		
CFS Supervisor	cyf Caseworker CYF Office regiver Name Birth Date	
POC #	CYF Caseworker	CYF Office
Primary Caregiver	Name	Birth Date
Address		Phone#
E-mail Address	Certification	
Primary Kinship C	aregiver's Educational Status:	Please check the highest level completed
□ GED	☐High School Graduate	☐Business or Trade School
□Bachelors Degree	□Master's Degree	□РНО
□Other: Explain:		CertificationRecertification Closure Date CaseworkerCYF OfficeBirth Date Phone# r's Educational Status: Please check the highest level completed in School Graduate
Primary Kinship Ca	aregiver Employment Status:	
□Yes		
□No Explain		
Primary Kinship Ca □\$0-\$5,000 □\$5,001-\$10,000 □\$10,001-\$15,000 □\$15,001-\$20,000	regiver Income Level:	
Z/Forms2008/POC/St June 2010	tatistical Demographic Form	

Secondary Caregive	er Name	Birth Date
Phone #	E-mail	Address
Secondary Kinship completed	Caregiver's Educational Sta	tus: Please check the highest level
□ GED	☐ High school graduate	☐Business trade school
□Bachelors degree	□Master's degree	□PHD
□Other: Explain:		
Secondary Kinship	Caregiver Employment State	18:
☐Yes Explain		
□No Explain		
•		
Secondary Kinship	Caregiver Income Level:	
□\$0-\$5,000 □\$5,001,010,000		
□\$5,001-\$10,000 □\$10,001-\$15,000		
□\$15,001-\$15,000 □\$15,001-\$20,000		
\$20,001-\$25,000		
□\$25,001-over		
Household Members	s:	
Name	Birth Date	Relationship to

Name	Birth Date	Relationship to Caregiver

□\$20,001-\$25,000 □\$25,001-Over

			 			
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KINSHIP CAREGIVER/RESOURCE FAMILY APPLICATION AND AUTOBIOGRAPHY

NAME:	DATE:
•	DEMOGRAPHICS Directions to your home: Please give directions to your home from downtown Pittsburgh. Whenever possible, use street names, landmarks, and any other specific details.
	Members of your household: Please list the names and ages of <u>ALL</u> of the people that currently reside in your home. This includes foster children and all adults over 18 who reside in your home.
	Do you have any pets? OYes O No Name: f yes, what kind?
	O ARE YOU?(Personal History) Name:
	Date of birth:Place of birth:(city & state)Race:
	PHYSICAL DESCRIPTION deight: Veight (approximate):
	ye color:

Hair color:	
Complexion:	
PERSONALITY	
Please list five words that describe your personality.	
a	
b	•
cd	
e	
YOUR UPBRINGING	
Father/Male guardian's name:	
Age:Occupation:	
Mother/Female guardian's name:	
Ane:	
Age:Occupation:	
What was their marital status while you were growing up?(for example: married, sing	lle divorced widowed or live.
in)	
	- Marine - M
Describe their parenting style?(strict, easy going, fair)	
How were you praised or encouraged?	
remone	
, who have a second of the sec	····
How were you punished/disciplined and for what reasons?	- Area
How did you get along with your parents while you were growing up? (what kind of ac	tivities did you do together?)
How do you get along with your parents now?	
· · · · · · · · · · · · · · · · · · ·	
	

1,2,000,000,000						
If you could choo	ose one perso	on who h	ad the bigges	st impact on ye	our life, who woul	ld it be and why?
Please share on					, _ .	
Please share one	e of your grea	atest disa	appointments.	,		
What activities do		loing alor	ne?			
What activities do		_	-			•
What activities do	pes/do your k	inship ch	ild/children er	njoy?		
BROTHERS AI n order of birth, p of all of your broth	lease list the	name, s	ex, age, mari pack of page i	tal status, city if necessary).		mber of children, and current
					# of	Current Job

III.

			ļ.						ļ		
		-									
	If any of you	brother	s and sist	ers are d	leceased, p	lease indicate	date an	d cause o	f death.		
				 .	<u>.</u>				· ·		
	doing togethe	er?)				rs while you w					ou enjo
	How do you				_	s now?		, <u>, , , , , , , , , , , , , , , , , , </u>			
					17 Table	·				-	
			11.7								
	EDUCATION General Infor		MPLOYME	ENT HIS	TORY						
		any edu	cation or t	raining o	r personal (experience rela	ated to v	vorking wi	th foster	children or t	he chil
											
				·							
	High School										
	Did you comp	lete high	school?	○Yes	O No if yes	s, what year di	d you gi	aduate?_			
	Name of high							.			
	School district Last grade co	npleted:									
	If you did not complete high school, please share why.										
-									·		
Ī	Please share	any outs	tanding so	chool me	mories, pos	itive or negati	ve.				
										**	
-								***			
-						·				-	
_	OED L					•		-			
_	GED Informati f you did not d		high sch	aal did v	ou complete	a GED progr	om2 ()	Voc. O.N	lo.		
	f yes, what ye						aiii! O	ies On	10		
^	College/Higher	Educati	ion Inform	ation							
	Did you attend				if ves. what	college did va	u attend	1?			
	Jid vou gradu				,			• • — — —			
I	na you gradua	ate from	college?	OYes	O No if yes	, what year di	d you gr	aduate?_			

kt '	
Year completed:	Degree:
necessary).	five years, beginning with your present employer (use back of page if
Present employer:	
Address:	
Position:	
Dates of employment:	
Work phone:	
Yearly income:	
Other sources of income:	
Previous employer:	
Address:	
Position:	
Dates of employment:	
Work phone:	
Yearly income:	
Other sources of income:	
Previous employer:	
Address:	
Position:	
Dates of employment:	
Work phone:	
Yearly income:	
Other sources of income:	
Previous employer:	
Address:	
Position:	
Dates of employment:	
Mark phone:	
Yearly income:	
Other sources of income:	
MARRIAGE/DIVORCE What is your current marital status? If you are married, or in a committed rela	onship, how did you meet your spouse?
What are the strengths of your marriage?	
What areas sould was strength as in 2	
What areas could use strengthening?	
orms 2008/POC/KCG Autobiography	Page 5 of 11

Do you have children with your present s If yes, please list their names and ages:	spouse/significant other? O yes O No
Have you ever been married before? O	Vas O No
If so, how many times?	Tes - 110
Name of previous spouse:	11.49.
iviairieu iioiri.	Until:
Reason why you are no longer together:	
Did you have children together? O Yes	○ No
	·
Name of previous spouse:	
viarried from:	Until:
Reason why you are no longer together:	
Did you have children together? ○ Yes	○ No
f so, please list their names and ages: _	
Do you have children from another relatio	inship? ○ Yes ○ No
Do you have children from another relatio	
Do you have children from another relatio f so, please list their names and ages:	nship? ○ Yes ○ No
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary. nild's personality and how you get along with him/her:
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary.
Do you have children from another relation for so, please list their names and ages:	nship? O Yes O No ne. Attach additional sheets if necessary. nild's personality and how you get along with him/her:
Do you have children from another relation for so, please list their names and ages:	ne. Attach additional sheets if necessary. nild's personality and how you get along with him/her:
Do you have children from another relation for so, please list their names and ages:	ne. Attach additional sheets if necessary. nild's personality and how you get along with him/her:
Do you have children from another relation f so, please list their names and ages:	ne. Attach additional sheets if necessary. nild's personality and how you get along with him/her:

VI.

	Name: Age:
	City:
	Marital Status.
	Occupation (ii applicable).
	Number of children:
	In your own words, please describe this child's personality and how you get along with him/her:
	PARENTING STYLE
	How would you describe your parenting style?
	Who is the primary disciplinarian?
	Please describe positive interactions with your child/children, as well as negative consequences:
ŀ	Please list acceptable and unacceptable behaviors in a child:
	low is your parenting style similar to or different than that of your parents?
	KINSHIP ISSUES/REASONS FOR PROVIDING KINSHIP CARE
	What are your reasons for providing kinship care?
	lave you provided foster parenting services in the past? ○ Yes ○ No
	lave you provided toster parenting services in the past? O res O No

-	
	FAMILY DYNAMICS How would you describe the relationship between you and your spouse/significant other?
- - - -	How would you describe the relationship between you and your children?
- F	low do your children feel about having your kinship child in the home?
Ir	n general, does your family support your decision to provide kinship care?
H	low would you describe the relationship between you and your kinship child?
H	ow would you describe the relationship between you and the birth parents of your kinship child?
W	ESCRIPTION OF HOME AND COMMUNITY That type of home do you live in? [] house [] apartment [] mobile home [] townhouse/condominium ease list the number of rooms in your home (for example: 3 bedrooms, living room, 2 baths, kitchen, etc.)
WI	here does the child(ren) sleep within your home?
Wi	hat is your relationship with your neighbors?

High School	ool:
Where do	hildren in your neighborhood play?
what is the	nearest shopping center/mall?
What is the	nearest hospital?
wriat is the	nearest public transportation?
Please list	our previous addresses for the last ten (10) years:
RELIGION	
	religious denomination/affiliation?
Where do v	ou worship?
How often d	you attend your place of worship?
	A VOU BUICHU VOUI DIBUE DI WOIJHID!
Will vour kin	ship child be attending with you?
List any othe	r religious activities that you participate in:
vill your kin List any oth Is the child i If no, what n Do you have	r religious activities that you participate in: your care the same religion as you? ○ Yes ○ No eligion is the child? a plan to allow the child to engage in their religion?
vill your kin List any oth Is the child i If no, what r Do you have	r religious activities that you participate in: your care the same religion as you? ○ Yes ○ No eligion is the child?
VIII your kin List any other Is the child in If no, what re Do you have Additional re Have you file	a plan to allow the child to engage in their religion? quired information d a protection from abuse (PFA) from your spouse or significant other? Yes O No Pligion is the child? Quired information A protection from abuse (PFA) from your spouse or significant other? Yes O No Protection from abuse (PFA) from your spouse or significant other? Yes O No Protection from abuse (PFA) from your spouse or significant other? Yes O No
List any other Is the child i If no, what re Do you have Additional re Have you file If yes, please	ship child be attending with you? In your care the same religion as you? O Yes O No Isligion is the child? In a plan to allow the child to engage in their religion? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as you? O Yes O No Isligion is the child? In your care the same religion as your care the child? In your care the same religion as your care the child? In your care the same religion as your care the child? In your care the same religion as your care the child? In your care the same religion as your care the child? In your care the same religion as your care the child? In your care the same religion as your ca
Is the child in th	er religious activities that you participate in: n your care the same religion as you? O Yes O No eligion is the child? a plan to allow the child to engage in their religion? quired information and a protection from abuse (PFA) from your spouse or significant other? O Yes O No enote the date and the circumstances puse or significant other filed a protection from abuse (PFA) order against you? O Yes O No enote the date and the circumstances
Vill your kin List any othe Is the child i If no, what n Do you have Additional re Have you file f yes, please Has your spe	er religious activities that you participate in: In your care the same religion as you? O Yes O No eligion is the child? In a plan to allow the child to engage in their religion? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as you? O Yes O No eligion is the child? In your care the same religion as your care the same religion? In your care the same religion as your care the same religion? In your care the same religion as your care the same religion? In your care the same religion as your care the same religion? In your care the same religion as your care the same religion? In your car
Is the child in th	ship child be attending with you? If religious activities that you participate in: If your care the same religion as you? O Yes O No Illigion is the child? If a plan to allow the child to engage in their religion? If your care the same religion as you? O Yes O No If your care the same religion as your care the care the your care

XII. Evidence of Financial Stabi	lity	
	FAMILY / ADORTIVE FAMILY FINANCIAL	STATEMENT
Family Name:		P00#
	t recent W-2 form for wage verification.	
	Primary Caregiver	Secondary Caregiver:
Social Security Number		
Name of Employer		
Address of Employer		
Job Title		
Current Yearly Gross Income		
Other Income	\$	(source):
Monthly Net Income	\$	**(Take home pay)
Total Savings	\$	(Bank, Credit Union, etc.)
Total Debts	\$	(not including mortgage)
	APPROXIMATE MONTHLY LIVING EXP	
Food Expenses	\$	
Utilities	\$	1
Work Expenses	\$	(cab fare, lunches)
Medical Expenses	\$	(dental, optical, prescriptions)
Clothing	\$	
Household Expenses	\$	(repairs, maintenance)
Laundry, Dry Cleaning	\$	
		(A) \$
The state of the s	SURANCE PAYMENTS	COMPANY NAME AND AMOUNT OF POLICY
Life	\$	
Medical	\$	
Mortgage	\$	
Household	\$	
Liability	\$	
XIII. Total Insurance Payments		(B) \$
Average Monthly Car Expenses		
Payments	\$	
Fuel	\$	
Maintenance	\$	
XIV. Total Car Expenses		(C) \$
AVERAGE MONTHLY OTHER EXPENSES (A) Loan and Credit Payments	¢ .	· ·
Entertainment	\$	
Miscellaneous	\$	(gifts, subscriptions, contributions)
-	\$	(gires, subscriptions, contributions)
Other	\$	•
XV. Total Other Expenses	\$ = 5	(D) \$
	**Take home pay (from above)	(1) \$
	Total Monthly Expenses (A + B+ C +D)	(2) \$
	Total Net Worth (Balance)	(3) \$
What resources are available in the even	t of unexpected illness, unemployment or other e	
Medical Insurance	t or direxpected lilliess, diremployment or other e	margency :
Pension Plan		
3. Life / Disability Insurance		
Fire and Liability Insurance(amount of	policy and company)	
5. Relative (either caretaking or financial		
THE REPORT OF THE PROPERTY OF	************************************	

Have you had a lien filed against you within the past ten Have you filed for bankruptcy in the last ten years? \bigcirc Y	ı years? ○ Yes ○ No ′es ○ No	
The information presented in this application is true and would be grounds for exclusion from providing kinship cackground checks on my behalf. It is understood that is onfidential. I understand that material will be shared was anticipated.	are. I also give my permission for this ag information obtained as a result of this in	gency to perform routine vestigation will remain
Kinship Caregiver Signature	Date	
	·	
Kinship Caregiver Signature	Date	<u>. </u>
THANK-YOU FOR COMPLETING THIS APPLIC HAVE SPENT ON YOUR ANSWERS.	ATION/AUTOBIOGRAPHY. WE APPRE	ECIATE THE TIME YOU



MEDICAL EXAMINATION FORM

To:	xamining Physician:
From:	Second Chance, Inc. Kinship Foster Care Agency
Re:	foster/adoptive parent(s) applicant(s). This xamination is required to determine whether the health of the parent(s) permit them to care for a child. urrent health as well as prognosis for the future should be considered. This medical information is for the se of this agency only. Please return the completed form to the address listed below: Attention: A Second Chance, Inc. 8350 Frankstown Avenue Pittsburgh, PA 15221
Patient'	Name: Date of Birth:
	Height: Pulse: Blood Pressure: Lungs:
Comme	Read: Neg or Pos): ts: commend any laboratory tests and/or X-ray, including serology?yesno if yes, please explain reaso
Does the	atient have a nervous condition?
Please co	ment on the patient's general appearance:
Is the pa	nt able to handle the increased stress of parenting an additional child?
	ent free form communicable disease?yes no If no, please explain:
	mination: How long have you known this patient?
Physician	Name- (please print): Physician's Signature:
Physician	Identification Number:
Physician	Address and Telephone Number:
· ·	Client Medical Form Page 1 - 6/0/

Client Personal Health History

	Yes	No	Date		Yes	No
ainting Spells				Epilepsy		
lajor Accidents				Severe Headache		
nemia				Orthopedic Problems		
ligh Blood Pressure				Jaundice		
leart Trouble				Chronic Fatigue		
heumatic Fever				Emonysema		
iabetes			-	Emotional Problems		
uberculosis				Pneumonia		
ancer				Cirrhosis		
lcer				Arthritis		-
1ental/Nervous Disorder				Depression		
lcoholism				Circulatory Disorder		
enereal Disease				Drug or Alcohol Abuse		
idney Disorder				Tumor		-
lepatitis				Paralysis		
olio				Convulsions		
llergies				Muscle Disorder		
sthma				Eczema		
isian an Haaring Circlestics	1					
	ason and	date o	of hospitaliz	Other Illness (specify)		
re you taking any medications? o you have or have you had any are?YesNo	If yes, g medical s, please	proble	e and reaso ems which v e an explan	ation.		

member, and genetic information of an embryo lawfully held by an individual or family member receiving assistive

reproductive services."

Client Medical Form – Page 2 / 6-9-11

A Second Chance, Inc. Request for Medical Examination

Date	POC#	ACCYF#	
Name	Address		
Work#	Phone#		
Social Security#			•
Does Caregiver have Insuran	.ce? □ Yes □ No If so,	Insurance type and group number	·
When is caregiver due for cer	rtification?	<u> </u>	
Caseworkers Signature:			
bupervisor bighature.			
Director Signature:			
1) Liet the earegiver's	ovoilobility		
1) List the caregiver's	avanabnity -		
Days	Dates	Times	
2) Choose an office -			
 Braddock Family For Duquesne Family For East End Commun Hazelwood Family McKeesport Family Rankin Family Hea Steel Valley Health West End Health C Westinghouse Hig Pittsburgh, PA 1520 	lealth Center - 404 Branealth Center - 2 Duque ity Health Center - 117 Health Center - 4918 2 y Health Center - 627 L Ith Center - 300 Rankin Center - 208 East 8th / enter - 415 Neptune St. h School (School Bas 8 at Care-(Any Locations	on Ave Pittsburgh PA 15208 in Honddock Ave Braddock Pa 15104 esne Plaza - Duquesne PA 15110 North Negley Ave Pittsburgh PA 2nd Ave Hazelwood, pa 15207 Lyle Blvd McKeesport, PA 15132 in Blvd Pittsburgh, PA 15104 Ave Homestead, PA 15120 Le Pittsburgh, PA 15220 sed Health Center) - 1101 North	15206 Murtland Ave
	Assignment	information	
Client is scheduled for an appo	ointment		
37774			
With			
Date			
Appointment time	· · · · · · · · · · · · · · · · · · ·		

A SECOND CHANCE, INC. 8350 FRANKSTOWN AVENUE PITTSBURGH, PA 15221

PHONE: 412-342-0600 FAX: 412-342-0402

DATE:	
ATTENTION:	
WE HAVE ENCLOSED A RELEASE OF INFORMATION FORM SIGNED BY	· •
THE INFORMATION CONCERNING THE PURPOSE OF CASEWORK ASSESSMENT AND CASE PLANNING.	IS REQUESTED FOR
IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT THE NUMBER LISTED ABOVE. COOPERATION IN THIS MATTER IS GREATLY APPRECIATED.	YOUR
SINCERELY,	
POINT-OF-CONTACT CASEWORKER	

A SECOND CHANCE, INC. / POINT-OF- CONTACT 8350 FRANKSTOWN AVE., PITTSBURGH, PA 15221

PHONE - (412) 342-0600

FAX - (412) 342-0402

CONSENT TO OBTAIN/REI		
(ALL PARTS OF THIS FORM MUST BE COMPLETED IN COMPLIANCE WIT		IONS PURSUANT TO THE MENTAL HEALTH PROCEDURES ACT.)
I HEREBY AUTHORIZE A SECOND CHANCE I		
(NAME OF FACILITY/AGENO	JY/SCHOOL/PERSC	ON)
TO: RELEASE		(IDENTIFY AUTHORIZED RECIPIENTS)
OBTAIN INFORMATION FROM THE R	ECORDS OF:	
(CLIENT	r),//	
	ATE OF BIRTH	SOCIAL SECURITY NUMBER
FOR THE PURPOSE OF EVALUATION, KINSHIP/R PLANNING AND TO ENSURE COORDINATION OF		E LICENSING, CASE MANAGEMENT, CASE
METHOD OF RELEASE (CHECK ONE): VERBAL &	& COPIES 🔲 COP	IES ONLY VERBAL ONLY
THE FOLLOWING INFORMATION IS APPROV SOCIAL SERVICE INFORMATION WAIVER APPROVAL CASE MANAGEMENT RECORDS MENTAL HEALTH/DRUG & ALCOHOL		MEDICAL RECORDS HOSPITAL RECORDS IMMUNIZATION RECORDS DENTAL RECORDS ROUTINE OUTPATIENT TREATMENT RECORDS OFFICE VISITS/PRIVATE PRACTICE HIV / AIDS
☐ INTAKE ASSESSMENT & SOCIAL HISTO ☐ DEVELOPMENTAL / PSYCHOLOGICAL /PSYCHIATRIC EVALUATIONS AND RECOMMENDATIONS ☐ PROGRESS NOTES ☐ CONFIRMATION OF ATTENDANCE / VI		AIDS OR RELATED HIV TESTING HIV/AIDS TREATMENT RECORDS IN-PATIENT RECORDS BIRTH RECORDS HOSPITALIZATION RECORDS DENTAL RECORDS
• OTHER		
I have been told that in order to protect the limited confident necessary and that this permission is limited for the purposes a date of my signature, unless services are terminated or a brief revocable except to the extent that action has been taken in r	AND TO THE PERSON LIS FER PERIOD IS SPECIFIED	TED ABOVE AND WILL BE EFFECTIVE FOR 1 YEAR AFTER THE
THIS CONSENT SHALL BE IN EFFECT FROM	DATE OF SI	CNATIDE
SIGNATURE OF APPLICANT:	DATEOFSI	OIVALUKE;
SIGNATURE OF STAFF MEMBER:	DATE OF SIG	GNATURE:
	WARD INFORMAT	TON TO
NAME OF FACILITY, AGENCY, OR PERSON:		

My signature below indicates that I have re- A Second Chance, Inc.	ceived an Emergency Contact Magnet from	n
Kinship Caregiver	Date	
Kinship Caregiver	Date	
Caseworker	Date	
My signature below indicates that I have red A Second Chance, Inc.	eived an Emergency Contact Magnet fron	ำ
Kinship Caregiver	Date	
Kinship Caregiver	Date	
Caseworker	Date	
My signature below indicates that I have rec A Second Chance, Inc.	eived an Emergency Contact Magnet from	1
Kinship Caregiver	Date	
Kinship Caregiver	Date	
Caseworker	Date	l



DPW HOME INSPECTION

		Initial Inspection	☐ Re-Inspection	
Date of Inspection			POC/ASCI#	
Caregiver(s)/Resource	Family		· · · · · · · · · · · · · · · · · · ·	
Address:			Phone #:	

1. Current Home Situation

A. Foster Family Composition

a. Record the total number of household members:

NAME	DOB	AGE	CLEARANCES	RACE	RELATIONSHIP	RELIGION
			NEEDED			
			O Child abuse			
			O Criminal	1		
			O FBI			
			O N/A		i	
			O Child abuse			
			O Criminal			
			O FBI			
			O N/A			_
		1	O Child abuse			
			O Criminal		·	
			O FBI		i	
-			O N/A			
			O Child abuse			
			O Criminal			
•			O FBI		,	
			O N/A			
			O Child abuse	,		
			O Criminal			
			O FBI			
			O N/A			
			O Child abuse			· ·
			O Criminal			
			O FBI	i		
-			O N/A			
			O Child abuse		·	
			O Criminal			
	B		O FBI			
	1 .		O N/A			
			O Child abuse			
			O Criminal		·	
•			O FBI			
			O N/A			
			O Child abuse			
,			O Criminal			
			O FBI			
			O N/A			

B. Are there more than 6 children living in the home?		YES 🗆	NO
(A child is anyone under the age of 18 years)			
If YES,	_		
• Has a waiver been obtained from DPW?	YES 🗀		
• Are there limitations on the waiver?	E	YES D	NO .
A copy of the waiver must be filed in the Caregiver(s) Record		P.41 1 1	1.3
C. In a narrative form describe exact sleeping arrangements for all m * How many bedrooms are in the home?	<u>iembers of</u>	tne nouseno	<u>10</u>
now many occirooms are in the nome:			
	<u>-</u> .		
·			
2. Residence Requirements (3700.66)			
A. Foster Child Sleeping Area:			
1) Is it a suitable area (not a hall, stairway, unfinished basement or attic,	oarage	□ YES	□ NO
bathroom, eating area, closet, shed, passageway, or building)?	burugo,	– 125	
2) Do foster children share rooms with children of the same sex only?		☐ YES	□ NO
-,		_ 125	□ N/A
3) Does the foster child's bedroom provide:			
• Clean comfortable bed;		☐ YES	□ NO
 Clean Mattress, linens, blankets, pillow and; 		☐ YES	■ NO
• Adequate privacy?		☐ YES	. 🗖 NO
B. Does the residence have:			
 At least one flushing toilet; 		YES	
 At least one wash basin with hot and cold running water; 		☐ YES	□ NO
An operable landline telephone and;		☐ YES	□ NO
An operable heating system?		☐ YES	□ NO
3. Safety Requirements (3700.67)			
Does the residence have:			<u> </u>
 Medications and containers of poisonous, caustic, toxic, 	☐ YES	□ NO	□ N/A
flammable or other dangerous materials distinctly marked or			
labeled as hazardous and stored in areas inaccessible to children			
under 5 years of age;		- 340	
• Emergency telephone numbers (Fire, Police, Poison Control,	□ YES	■ NO	
Ambulance) conspicuously posted adjacent to all telephones and;	= *****		-
Any fireplace, fireplace inserts, wood or coal burning stoves or	☐ YES	□ NO	□ N/A
freestanding space heaters?			
If YES,			
 ,			

 Are they allowed by the local ordinance 			☐ YES	□ŅO
Are they installed and operated accord	ling to manufacturer'	's specifications	☐ YES	□ NO
and;	9		□ YES	□NO
 Are they requirements of local ordinar Does the residence have: 	ice?		L IES	■ NO
An operable smoke detector on each le basement and attic and;	evel of the residence	including	☐ YES	□ NO
 Portable Class B Fire extinguisher in k 	itchen and other coo	king areas?	□ YES	□NO
When YES,	arenen and other occ	King arvas.	_ 120	
• Is extinguisher gauge register operable		÷	☐ YES	□ NO
• Has extinguisher pressure been tested. Identify the window exit for the child's rootlevel (not including the basement)? If YES,			☐ YES ☐ YES	□ NO □ NO
• Is there a fire ladder?		□ YES	□ NO	□ N/A
Does the residence have:				
 Protective safety caps on electrical out under 5 years of age; 	lets accessible to chil	ldren	□ NO	□ N/A
• Are electrical wires properly insulated			☐ YES	□ NO
• Is drinking water from a municipal sou	rce?		☐ YES	□ NO
If NO,	assua aball basastub	1 1.4		•
Drinking water from an individual water so biological test conducted by a laboratory cresults may be attached.	_	•		
Date of most recent micro-biological test:			_	
Is there adequate safe space for play?				
• Indoors			☐ YES	□ NO
• Outdoors			☐ YES	□ NO
Does the family own firearms?		· · · · · · · · · · · · · · · · · · ·	☐ YES	□ NO
If YES,			-	
The Caregiver(s) have:	☐ Hand Gun(s)	☐ Shotgun(s)	☐ Rifle(s))
Are the weapons registered?			☐ YES	□ NO
Registration #:	Date Register	red:	<u> </u>	
Are the firearms stored in the kinship careg	iver's home?		□ YES	□ NO
Are the firearms stored in compliance with	A Second Chance, In	nc. safety		
expectations (double locked in a locked con installed, unloaded and not accessible to the	ntainer with a gun loc	-	☐ YES	□ NO
Was the storage area witnessed by the staff			□ YES	□ NO

My signature below indicates:

¹⁾ that I have provided all information pertaining to my gun ownership status.

²⁾ My caseworker has explained A Second Chance, Inc.'s requirements on safe storage of guns in my home

•	Primary Caregiver			Date	
	Secondary Caregiver			Date	
	If the kinship caregiver has additional questions regarding gun safety al Police department for follow up.	and stora	age p	lease refer	them to
4. Tra	nining (3700.65)				
	as each caregiver completed:				
14	hours of initial training (for state requirements only)?	☐ YES		NO	
61	hours of annual training?	☐ YES		· -	□ N/A
	Please include an up-to-date training log(s)/ record(s) in t	he Careg	iver(s	e) Record	
	cipline Practices (3700.63)				
	o the Caregiver(s) understand and accept the state agency policy regar scipline, punishment and control that prohibits physical punishment?	ding		☐ YES	□ NO
Is	there a signed witness copy of the discipline agreement in the Caregicord?	ver(s)		□ YES	□NO
6. Tra	nsportation Requirements (3130.89)				
	there a signed, witnessed copy of the transportation policy agreement the Caregiver(s) Record?	s 🗖 `	YES	□ NO	
Sa	o the Caregiver(s) have a car seat that meets Federal Motor Vehicle fety Standards for transporting children ages 4 to 8 that are over 40 unds or under 4'9" tall and under 80 pounds in a belt positioning		YES	□ NO	□ N/A
	oster seat?	•			
	the Caregiver(s) have a valid licensed and inspected vehicle cording to 75 PA CS 191-9910 relating to the vehicle code)?		YES	□ NO	□ N/A
	Date inspection(s) Expire(s):				<u>-</u>
vel	the Caregiver(s) possess a valid driver's license for the class of nicle?		/ES	□ NO	□ N/A
Fer	male Caregiver's license expiration date:		ΈS	□ NO	N/A
Ma	ale Caregiver's license expiration date:		ES	□NO	□ N/A
	ne Insurance Protection (3130.90)			_	
A. If y	Does the caregiver own their home?			□ YES	□ NO
	es the Caregiver(s) have General Liability Insurance?			□ YES	□ NO
Co	mpany Name:				
	here fire insurance on the premises where foster care is provided?			□ YES	□NO

B. Does the caregiver rent their home? If yes, Does the Caregiver(s) have renter's Insurance? Company Name: Is there fire insurance on the premises where foster care is provided? If YES, Company Name: Comments/ Explanations: Re-Evaluation Summary (to be completed for Re-evaluations only) Please specify any changes in the family composition since last evaluation:	☐ YES ☐ YES ☐ YES	
If yes, Does the Caregiver(s) have renter's Insurance? Company Name: Is there fire insurance on the premises where foster care is provided? If YES, Company Name: Comments/ Explanations: Re-Evaluation Summary (to be completed for Re-evaluations only)	□ YES	□ N
Does the Caregiver(s) have renter's Insurance? Company Name:		
Is there fire insurance on the premises where foster care is provided? If YES, Company Name: Comments/ Explanations: Re-Evaluation Summary (to be completed for Re-evaluations only)	□ YES	
Comments/ Explanations: Re-Evaluation Summary (to be completed for Re-evaluations only)		
	□ N/A	
Has residence changed since last evaluation? (i.e., moved, additions, built a swimming pool, safety measures made, etc.) If YES, please explain:	□ YES	□ N
Is the foster home in compliance with the Department of Public Welfare Regulations 3700.62 – 3700.67? If YES, is continuing approval granted?	□ YES	
If NO, describe factors that are not in compliance and Caregiver(s)' specific plans to canticipated dates of correction. (If any of these factors existed at the time of the previous re-evaluation, and have not be please indicate that here.)	correct them	, inclu

Z/Forms 2008/POC/DPW Home Inspection

Date of Termination:	-	
Please note: According to section 3700.72 of the Department of Public Welfare R right to appeal the agency's decision to grant provisional approval of your foster h appeal rights, you must submit to the agency within 15 calendar days of the date of appeal. When the agency receives your written appeal, we will attempt to resolve we are unable to do so, your appeal will be forwarded to the Office of Hearing and within 15 days of receiving your written appeal. 9. Condition of the Home (General) Summary	ome. To e f this letter the issues	exercise your r, a written in question. If
	Yes	No
1. Are the pathways clear of clutter? Need to ensure proper safety exit.	103	110
2. Is there an appropriate garbage receptacle(s) outside of the home?	-	
3. Is there clutter, boxes, trash or storage items found in common or living areas?		-
4. Does the family have any pets? If yes state the number and types of pets		
5. Does the child have any allergies?		
6. Is the home in need of any general repairs?	,	
7. Does the family have handyman etc. resources?		
8. Are there any areas of loose carpeting or loose floor boards?		
9. Any wires across the floor?		
10. Are the windows intact and free from cracks?		
11. Does the kinship caregiver home have the required and operational fire and safety equipment? Smoke detectors, safety plugs, fire extinguishers, emergency numbers, fire ladders (if applicable).		

If compliance is not achieved within 12 months, approval will be terminated and any foster child placed after October of 1982 will be removed.

If the foster home is not in compliance, is approval being terminated?

□ YES

Agency Service Factors

The Caregiver(s) should have provided the information listed below on the dates listed below.

			Dates Completed
	orker's name and telephone number		
	upervisor's name and telephone number		-
	ncy Number (evenings, weekends, holidays)		
-	Caseworker's telephone number		
	Supervisor's telephone number		
	oster Parent Manual		
	copy of Discipline Policy		
	d copy of Transportation Policy/ Agreement		
	Assistance card/ number for each eligible child	•	
A signed	l copy of Placement Plan and Agreement for each child	1	
In the C	aregiver(s) Record there should be:		
A signed	Discipline Policy		
A signed	Transportation Policy/ Agreement		
A signed	Placement Plan and Agreement for each child		
statemer	its.		
	Primary Caregiver Signature		Date
,	Secondary Caregiver Signature	·	Date
	ASCI Caseworker Signature		Date
	ASCI Supervisor Signature		Date



		TR	ANSPORTATION POLICY STATES	VENT
□ KINSHIP	CAREGIVER	RESPITE	SUBSTITUTE CAREGIVER	
Pennsylvan	23, 1987, regulia. Section 370 ed effective Fel	00.89 pertain:	s to requirements governing the transport	elfare which applies to all foster parents in ation of foster children. These regulations
The regulat	ion is as follow	<u>/s:</u>		
1.	A vehicle used 9910 (relating		ting children shall be validly licensed and le Code).	d inspected in 75 PA.C.S. SS 101-
	vehicle being passenger capa	operated. Th acity as deter	e number of persons in a vehicle used	ss a valid driver's license for the class of to transport children may not exceed the fety restraints, as installed at the time of
			than 4 years of age shall be transported d guardians under 75 PA.C.S. SS 4581 (r	in motor vehicles in accordance with the relating to restraints systems).
	8 years old tha	nt are over 40 Also, children	pounds but under 4'9" tall and 80 pour anywhere in the vehicle, between 8 years.	aild Passenger Law, all children ages 4 to add must be secured in a belt positioning ars old and 18 years old must be secured
requirements Code, Section	s as defined by on 3130.89. I/V of the policy.	Children and We have beer	d Youth and Families of Allegheny Coun	been informed of all transportation ity and the Department of Public Welfare and understand it. I/We agree to abide
	at we will notif abide with thi		uding, but not limited to the suspension of	y situation that arises that affects my / of a driver's license or loss of automobile
		Primary Car	regiver	Date:
	,	Secondary (Caregiver	Date:
	,	Caseworker		Date:
ン <i>プチ</i> ンファンファンファンファ	アンフ・アンフ・アンフ・アンフ・アンフ・アンフ	<i>ŶŶŶŶŶŶŶŶŶŶŶŶŶŶŶŶŶŶŶ</i> Ŷ	[๛] ๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛	
			KINSHIP CAREGIVER/ CAR #1	KINSHIPCAREGIVER / CAR #2
	VER'S LICENSE			
DAT	E OF EXPIRATION	ON		
AUT	O REGISTRATIO	ON	akt iban - latanten sebekin	
DATI	E OF EXPIRATION	ON		
			MODEL:	MODEL:
CAR SI	EAT INFORMAT	(ION	SERIAL NUMBER:	SERIAL NUMBER:



DISCIPLINE POLICY STATEMENT

Kinship Caregiver
Respite
Sub Caregiver

Allegheny County has long had a policy which prohibits physical or corporal punishment or discipline of foster children. On January 24, 1987, regulations were enacted by the Department of Public Welfare, which apply to all foster parents in Pennsylvania.

The Foster Child Discipline Punishment and Control Policy, Pennsylvania Department of Public Welfare Code, Section 3700.63 is as follows:

Discipline:

- Foster children shall be directed with techniques that stress praise and encouragement.
- Foster children may not be subjected to verbal abuse, derogatory remarks or threats of removal from the foster home.

Punishment: The following forms of punishment are prohibited:

- Abusive discipline practices.
- Physical punishment inflicted upon the body.
- Punishment for bed wetting or actions related to toilet training.
- Delegation of punishment to another child.
- Denial of meals, clothing or shelter.
- Denial of elements of the service plan or ISP.
- Denial of communication with, or visits by, the child's family.
- Assignment of physically strenuous exercise or work solely as punishment.

Control:

• Passive physical restraint is the only allowable method of restraining a child.

Pennsylvania Department of of this policy, have read and u	Public Welfare Code, Section 370	and Control Policy as defined by th 0.63. I, We have been given a copy le by the terms of this policy. I, We will consult with our assigned	e
Kinship Caregiver	Kinship Caregiver	Date	
POC Caseworker	Date		

Z/Forms 2008/POC/Discipline Policy 6/2008

GROOMING AND HYGIENE AGREEMENT

☐ Kinship/Resource Parent	□ Respite Caregiver	☐ Substitute Caregiver	
Allegheny County Child, Youth and Families (At the Resource Parent to assure the basic person adequately and appropriately addressed.	CCYF) through the Departn al hygiene and grooming o	nent of Public Welfare (DPW) require of the child/youth in placement be	
A Second Chance Inc. agrees as a condition of well-being of each child/family will, at all times, surroundings and under conditions as stipulate	be reasonably protected a	nd that services will be provided in	
 Grooming: Foster children shall be provided with Resource Parent will ensure that the hygiene products. 	n techniques that stress hy children in their homes hav	giene and cleanliness. /e the essential assortment of personal	
Service Provider shall assure the availability and	d use of age and ethnically	appropriate products that include	
 a) Soap b) Deodorant c) Creams or lotions d) Shampoo and conditioner e) Other basic and ethnically necessary hair st f) Hair cuts and/or grooming services on a regeither at the provider's facility or at a retail s g) Shaving products 	ular and as needed basis b	· · · · · · · · · · · · · · · · · · ·	
h) Manicure supplies	and and the transfer of the ability		
i) And other sundries necessary for the health	and well-being of the child		
 Control: The cost of these supplies and services shall be included in the board payment issued to the Resource Parent. Should the children need the products immediately, ASCI will provide the products, and the cost will later be deducted from the board payment. If the above mentioned grooming products are not provided by the Resource Parent, A Second Chance Inc. will ensure that these products are supplied to the kinship child within twenty-four to forty-eight hours. The Resource parent will be responsible for repaying any advances provided in the purchase of grooming supplies. The advances may be deducted from the board checks. 			
I, We	_		
have been informed of the Foster Child Groom Youth and Families and the Department of Pub agreement, have read and understand it. I, We a when problems related to grooming/hygiene aris	lic Welfare requirements. agree to abide by the term	I, We have been given a copy of this s of this policy. I, We understand that	
Signed:	· · · · · · · · · · · · · · · · · · ·		
Resource Parent		Date	
Resource Parent		Date	
Caseworker		Date	

Z/Forms2008/POC/Grooming and Hygiene Agreement 11/2008



Clean Indoor Air Act Policy (Formally Known as Smoke Free)

☐ Kinship Caregiver ☐ Respite ☐ Substitute Caregiver

I/We, prospective/approved resource parent(s), agree to comply with the 'no smoking' provisions of the Clean Indoor Air Act whenever a kinship child under the care of A Second Chance, Inc. is present in my/our home or vehicle. 'Smoking' refers to the use of a lighted cigar, cigarette, pipe or other smoking device and includes non-tobacco products. Chewing tobacco is permitted.

- No smoking by anyone, including the child, inside the home while the child is in the home;
- No smoking by anyone, including the child, in the vehicle while the child is in the vehicle;
- No smoking by anyone, *including the child*, in a detached building located on my/our home property while the child is in the detached building;
- Prominently displaying a 'no smoking' sign on the home's main living level;
- No providing of tobacco products to underage children or adolescents; and
- If smoking outside, not standing near an open window or doorway.

If I/we accept placement of a child under age 5, or a child with asthma or another respiratory disorder, and there is a smoking household member who may smoke when the Kinship child is not present in the home/vehicle/detached building, I/we agree to manage environmental pollutants by observing the following guidelines:

- Leaving a window open while smoking in the vehicle;
- Not allowing the child to play in a detached building on my/our home property where smoking occurs; and
- Smoking in a part of the house not used by the child and which does not share a ventilation system with the rest of the house.

I/We further understand that reported non-compliance with the above expectations may result in an investigation to determine the facts, and that a substantiated report, by law, incurs a fine of up to \$250 for a first-time violation. Any subsequent substantiated violations face increasing fines of up to \$1000. Additionally, the agency may impose a 'plan of correction' and place my/our home on provisional status until the plan is completed. After three documented non-compliance incidents, the agency may close my/our home.

compliance incidents, the agency may o	lose my/our home.		
I/We	have been informed of the Clean Indoo		
Air Act Pennsylvania requirements as de	efined by Act 27 of 2008.		
I/We	have been given a copy of this policy, have		
read it and understand it.			
I/We		agree to abide by the terms of the policy.	
Resource Parent	Date		
Resource Parent	Date		
ASCI Caseworker	 Date		



Date			
Dear, has applied for the placement of a foster child in			
his/her home and has given your name as a reference.			
Recognizing that foster parenting can be a rewarding and often challenging process, what is your overall assessment of his/her strengths and weaknesses as a potential foster parent?			
We would appreciate your written reply as soon as possible so that we may complete or assessment of this applicant. Any information you can provide will be very helpful ar will be sincerely appreciated. If you have any questions, please contact me at 412-342-0600.			
Sincerely,			
Point of Contact Kinship Care Caseworker 8350 Frankstown Road Pittsburgh, PA 15221			

REFERENCE FOR FOSTER CARE

NAME OF APPLICANT:
1. How long have you known the applicant and in what capacity?
2. Has the applicant ever discussed his/her desire to foster a child with you?
3. What kind of child does the applicant prefer to provide foster care for?
4. What kind of person is he/she?
5. What qualifications does the applicant have which would enable him/her to be a good parent to a foster child.
6. How does the applicant interact with children and how do children respond to him/her?
7. What do you know of the applicant's life and family relationships?

8. If you were responsible for a child's future, would you want this appli his/her foster parent? Why or why not?	cant to be
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9. Do you know of any reasons why the applicant would not be a desirab for a child?	le foster parent
10. Other comments:	
Si amatawa Data	
Signature Date	
Please print:	
Name	
Address	
Phone Number	
Please return to:	
A Second Chance, Inc. 8350 Frankstown Road	
Pittsburgh, PA 15221	
(412) 342-0600	-

ГНАЛК YOU VERY MUCH!



Dear	· · · · · · · · · · · · · · · · · · ·
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	ting can be a rewarding and often challenging process, what of his/her strengths and weaknesses as a potential foste
assessment of this applicant.	itten reply as soon as possible so that we may complete out. Any information you can provide will be very helpful and. If you have any questions, please contact me at
Sincerely,	

Point of Contact

Kinship Care Caseworker 8350 Frankstown Road Pittsburgh, PA 15221

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8. If you were responsible for a child's future, would you want this applicant his/her foster parent? Why or why not?	nt to be
9. Do you know of any reasons why the applicant would not be a desirable f for a child?	foster parent
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Signature Date	
Please print:	
Name	
AddressPhone Number	
Please return to:	
A Second Chance, Inc. 8350 Frankstown Road Pittsburgh, PA 15221 (412) 342-0600	

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7. What do you know of the applicant's life and family relationships?

8. If you were responsible for a child's f his/her foster parent? Why or why not?	uture, would you want this applica	ant to be
9. Do you know of any reasons why the	annlicant would not be a desirable	o foster narent
for a child?	applicant would not be a desirable	Toster parent
10. Other comments:	÷ .	
Signature	Date	
Please print:		
Name		
Address		
Phone Number		
Please return to:		
A Second Chance, Inc. 3350 Frankstown Road Pittsburgh, PA 15221 412) 342-0600		

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Date
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Please print:		
Name		
Address		
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Phone Number		
7		
Please return to:		
A Second Chance, Inc. 8350 Frankstown Road		

Pittsburgh, PA 15221 (412) 342-0600

ГНАЛК YOU VERY МИСН!



AUTHORIZATION AND DISCLOSURE STATEMENT

POC#: POC Casework	ker/supervisor name:		
Primary Kinship caregiver: Include full LEGAL first name, middle name, last name and maiden name		Secondary Kinship Caregiver: O N/A Include full LEGAL first name, middle name, last name and maiden name	
Date of Birth:		Date of Birth:	
Social Security#:		Social Security#:	
Certification Recertification		Date Certification or Recertification Due:	
Has this person resided outside of the state of PA within the last 5 years?	O Yes O No	Has this person resided outside of the state of PA within the last 5 years?	O Yes O No
Current Address (include city, state, and Current County of residence: O Alleghe Previous Address(es) for last 5 years (if	ny O Other (please		
1		2.	
3.		4	
5.		6	9 in.
Section 1: Authorization Primary Kinship caregiver: I, authorization to review my credit hist current liens and bankruptcy findings	(please partory to research the within the last ten	CURATE RESULTS** print your name), give A Second Chance following: Evidence of financial stability years pursuant to the Domestic Relation	e, Inc. ty, including as Code, Act of
November 29, 2004, No. 160. I recoş purposes.	gnize that this infor	rmation will be utilized solely for case m	nanagement

Signature					
Secondary Kinship care	giver: O N/A				
I,		(please pr	int your name), g	give A Second	Chance, Inc.
authorization to review	my credit his	story to research the f	ollowing: Evider	nce of financial	stability, including
current liens and bankru	ptcy finding	s within the last ten y	ears pursuant to	the Domestic R	Relations Code, Act of
November 29, 2004, No	o. 160. I reco	gnize that this inform	nation will be util	lized solely for	case management
purposes.				•	\mathcal{E}
Signature			Date		
			Dute		
Section Two: Disclosur	re.				•
		nation on avery narre	n ago 14 and ow	37. AN MANGAN 337	h a revill trama a a a 14 im
Please list below the req	uesteu mion	ination on every personal to	on age 14 and ove	er, or person w	no win turn age 14 in
the next year, in your ho	usenoia. Im	is fist does not need to	include the prin	nary or seconda	ary kinsnip caregiver.
The following individua				abuse clearance	es. Those that are age
18 and over will be requ	ired to obtain	n and submit a medica	ai exam.		
O There are no other member					
Name	Date of	Social Security #	Gender	Relationship	Has this person resided
	birth			to the Primary	outside of the state of PA
				KC	within the last 5 years?
			O Male		O Yes
·			O Female		O No
			O Male		O Yes
·			O Female		O No
			O Male		O Yes
			O Female		O No
	1		O Male		O Yes
			O Female		O No
I/We,		(please print	t your name) &		
		(please prir	it your name), ha	ve fully disclos	sed the members of
my/our household that ar	e age 14 or o	older, or who will turn	n age 14 in the ne	xt year. I certi	fy that this
information is correct an	d complete to	o the best of my know	vledge. I recogni	ze that if I kno	wingly fail to report,
or have omitted any men					
year, that it will result in	• • •		-		_
removal of the child(ren)		_			·
November 29, 2004, No.					
must report this informat					
as a kinship foster parent					
hearing pursuant to the D					ry nome wimout a
nearing parsuant to the D	omesuc Rea	ations Code, Act of Iv	Ovember 29, 200	7 4 , NO. 100.	
D	G: :				
Primary Kinship Caregiv	er Signature		Date		
		•			
			<u> </u>	<u> </u>	
Secondary Kinship Careg	giver Signatu	re	Date		
O N/A					

Z/Forms 2008/POC/Authorization Disclosure 4/2013

	4		
A Second Chance, Inc. Witness Signature	Date		
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	SP 4-164 (12-9))		pe									<u> </u>	FO	FOR CENTRAL REPOSITORY USE ONLY (LEAVE BLANK)		
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	REQUEST FOR CRIMINAL RECORD CHECK PART I: TO BE COMPLETED BY REQUESTER (INFORMATION WILL BE MAILED TO REQUESTER ONLY) *** TYPE OR DRIVE LEGISLY MITTAINS																
	*** TYPE OR PRINT LEGIBLY WITH INK *** NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.																
	WARNING: A		OMMITS A	A MISDEME	EANOR (OF THE	THIRD	DEGREE			AKES	A WRI	TTEN FAL	5E			
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r	NAME/SUBJECT	OF RECOR	D CHECK		(LAS	iT)							(FIRST)			(M)	IDDLE)
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7	REASON FOR	REQUEST	(CHECK	ONE BLO	CK)											·	
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	inis respon Pithe Penn outsined in	ylvania	State F	olice C	entral	Repo	sitony	only.	and d	es n	et pr	ecluc	le the e	xistence	e ii of	ilormation cont criminal records	ained in the files which might be

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MEMORANDUM

To: Kinship Caregiver/Resource Parent and all Household members age 14 and above

From: A Second Chance, Inc.

Re: Disqualifying Criminal Offenses Disclosure Statement

In order for A Second Chance, Inc. to begin/continue in the assessment of your home for certification or recertification as a kinship foster parent/resource parent we need to be made aware of if anyone in your home has been charged with or convicted of any of the offenses listed below.

The purpose of this information is to provide a current and complete list of all disqualifying criminal and child abuse offenses for applicants to be considered for certification at A Second Chance, Inc. In no case shall A Second Chance, Inc. certify a home if a member of the household age 14 and above has a criminal history record that reflects a conviction of any of the charges fisted below in the specified time frames. In no case shall A Second Chance, Inc. certify a home if a member of the household age 14 and above has a child abuse history record that indicates that they have been named as a perpetrator of a founded report of child abuse in the specified time frame

Please review the list of disqualifying offenses and respond to the statements below them. All members of the household age 14 and above must complete this form individually

Disqualifying Criminal Offenses

(Includes the attempt, solicitation or conspiracy to commit any of the offenses under Title 18 of the PA Crimes Code, the equivalent crime under Federal Law, or the law of another state.)

Section 2501	(relating to Criminal homicide)
Section 2502	(relating to Murder)
Section 2503	(relating to Voluntary manslaughter)
Section 2504	(relating to Involuntary manslaughter)
Section 2505	(relating to Causing or aiding suicide)
Section 2506	(relating to Drug delivery resulting in death)
Section 2702	(relating to Aggravated assault)
Section 2709.1	(relating to Stalking)
Section 2901	(relating to Kidnapping)
Section 2902	(relating to Unlawful restraint)
Section 3121	(relating to Rape)
Section 3122.1	(relating to Statutory sexual assault)
Section 3123	(relating to Involuntary deviate sexual intercourse)
Section 3124.1	(relating to Sexual assault)
Section 3125	(relating to Aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to Indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to Concealing the death of a child)
Section 4304	(relating to Endangering the welfare of children)
Section 4305	(relating to Dealing in infant children)
A felony offense under Se	ction 5902 (b) (relating to prostitution and related offens

A felony offense under Section 5902 (b) (relating to prostitution and related offenses)

- * Promoting Prostitution (b)(1): Owning, controlling, managing, supervising or otherwise keeping, alone or in association with others, a house of prostitution.
- Promoting Prostitution (b)(2): Securing an inmate for a house of prostitution or prostitution business.
- * Promoting Prostitution (b)(3): Encouraging, inducing, or otherwise intentionally causing another to become or remain a prostitute.
- (c)(li): Compelling another to engage in or promote prostitution

	 (c)(lii): Promote prostitution of a chile (c)(iv): Promote prostitution of his s he is responsible. 	ld under 16 years, whether or not aware of the age of the spouse, child, ward or any person for whose care, protec	child. ction or support
	* (c)(v): Knowingly promoting prostitu Section 5903 (c) or (d) (relating to obscene a * Dissemination of explicit sexual mate	terials to a minor.	us.
	Section 6301 (relating to corruption of miles	f children)	(5) com u mind
	Immediately preceding verification.	ance, Drug, Device, and Cosmetic Act within the five (o) year penod
1.	I swear/affirm that I have not been named as a p Protective Services Law within the preceding five	perpetrator of a founded report of child abuse as defined l re years.	by the Child
	I have read the statement above and my signature	re indicates my agreement	,
	Signature	Date	
2.		ne or more of the disqualifying crimes listed above under nt crime under Federal Law, or the law of another state. re indicates my agreement	Title 18 of the
	Signature	Date	,
3.	have been convicted of any of the crimes listed at		of child abuse or
•	I have read the statement above and my signature		
	Signature	Date	
4.		I if I have been named as the perpetrator of a founded as the perpetrator of an indicated report of child abuse. The indicates my agreement	report of child abuse
	Signature	Date	
5.	I hereby swear/affirm that the information as set to is a misdemeanor of the third degree pursuant to	orth above is true and correct. I understand that the pena Section 4903 (b) of the Crimes Code.	ity for false swearing
	I have read the statement above and my signature	e indicates my agreement	
	Signature	Date	
	Date:	Name:Please Print	··· ···
	POC Caseworker/Witness Signature:	Witness Title:	



Authorization to Department of Public Welfare for Release of Childline Information

I hereby authorize Childline of the Department of Public Welfare to release my Pennsylvania Child Abuse History Clearance information directly to A Second Chance, Inc. Please mail information to: Bonita Flanagan, Administrative Secretary, A Second Chance, Inc. 8350 Frankstown Road, Pittsburgh, Pennsylvania, 15221. A Second Chance, Inc. is a Kinship Foster Care Agency that works in cooperation with the Allegheny County Children, Youth and Families.

I understand that this information is confidential in nature pursuant to 55 Pa. C.S.A. § 3490.91. and will not otherwise be released by A Second Chance, Inc. without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me (the applicant) as stated in the Pennsylvania Child Abuse History Clearance application.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content.

Signature of Applicant	Name of POC Caseworker
	POC # KC's Last Name
	□KC
Date	☐ Household Member (14 yrs. +)☐ Sub KC
Return to:	□ Other

Bonita Flanagan-Administrative Secretary A Second Chance, Inc. 8350 Frankstown Avenue Pittsburgh, PA 15221

Z/Forms 2008/POC/Child Abuse Cover Sheet 6/2008

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. DO NOT send cash or personal check.

Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY	1
DATE RECEIVED BY CHILDLINE	l
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SECTION I APPLICANT	IDENTIFICAT	ION			
IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE	W. W				
NAME		SOCIAL SECUR	ITY NUMBER		
STREET		AGE	DATE OF BIRTH	DAYTIME PHONE N	10.
CITY, STATE ZIP CODE	,				
Zir coda	1	SEX	COUNTY YOU LIVE IN		
_			<u></u>		
Disclosure of your Social Security number is voluntary. It is sought under register), 6344 (relating to Information relating to prospective child care per residents), and 6344.2 (relating to Information relating to other persons has number to search the statewide central register to determine whether you	rsonnel), 6344 ving contact wi	.1 (relating to li th children). Th	nformation relating to the department will use	family day-care hor your Social Securi	ity
PURPOSE OF CLEARANCE (Check ONE block ONLY)		PREVIC	US NAMES USED SI	NCE 1975	
☐ Child Care Services Employee		(Include M	alden Name, Nicknar		
☐ Foster Care ☐ Adoption ☐ School Employee	1. (LAST, FIR	ST, MIDOLE)			-
☐ Employment with a significant likelihood of regular contact with children	2. (LAST, FIR	ST, MIDDLE)			•••
☐ Volunteers - A copy of your PROCESSED "Request for Criminal	3. (LAST, FIR	ST, MIDDLE)			
Record" (Form SP4-164) must be attached. Out-of-state residents must	4. (LAST, FIR:	ST, MIDDLE)			
also attach a copy of their PROCESSED FBI clearance (Form FD-258).		<u> </u>			
☐ DPW Employment & Training Program Participant (signature required below)	5. (LAST, FIRS	ST, MIDDLE)			
	<u> </u>	····	·		
SIGNATURE OF OIM/CAO REPRESENTATIVE OIM/CAO PHONE NUMBER					

PREVIOUS ADDRESSES SINCE 1875	(Attach addit)	onal pages if	necessary)		
<u> </u>		 			
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l				•	
HOUSEHOLD MEMBERS (List everyone who live	d with you at	any time since	1975 to the present)	
NAME (Last, First, Middle) Do not use initials.		RELATIO		PRESENT AGE	SEX
	ļ				
					
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	<u></u>				
certify that the above information is accurate and complete to the best cenalty of law (Section 4904 of the Pennsylvania Crimes Code).	of my knowled	ge and belief	and submitted as tru	e and correct und	der
Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.					
	APPLI	CANT'S SIGNATUR	RE	DATE	

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II	RESULTS OF	HISTOF	Y GHECK	10.		
☐ APPLICANT IS NOT LISTED IN A REPORT FOR SCHOOL EMPLOYEE.	REPORT OF CHILD ABUSE OR A	☐ APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A				
STATUS OF REPORT	DATE OF INCIDENT		STATUS OF REPORT	DATE OF INCIDENT		
1.	-	3.				
2.		4.		-		
VEDICIED						
VERIFIER	ÐATE		VERIFIER'S SUPERVISOR	DATE		
SECTION III	VOLUNTARY CERTIFICATION	FOR	HILD CARE SERVICES			
name against the child abuse,	school employee, and crimina	ested al hist	a certification which includ	les a clearance of his/her		
The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.						
It is the responsibility of parent a substitute caregiver.	s and guardians to review thi	s info	mation to determine the su	itability of the applicant as		
	PENNSYLVANIA CHIED ABUS	E HIST	DRY CLEARANCE			
Applicant is named as the pe years.	rpetrator of a founded child al	ouse o	r school employee report wh	nich occurred in the last five		
Applicant is named as the per ago.	petrator of a founded child ab	use o	school employee report whi	ch occurred over five years		
☐ Applicant is named as the per	petrator of an indicated child	abuse	or school employee report.			
☐ Applicant is not named as the Statewide Central Register.				ned in the		
	PENNSYLVANIA STATE	POLIC	GLEARANCE			
☐ Record exists and contains co						
☐ Record exists, but convictions			•	, 10 4 .		
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DIRECTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:

- 1. Applicants are to complete Section I only.
- 2. Type or print clearly and neatly in ink only.
- The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
- 4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
- 5. Age Fill in the applicant's current age.
- 6. Date of Birth Fill in the applicant's date of birth (Example: 01/22/1990).
- 7. Daytime Phone Number Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
- 8. Sex Check the appropriate box for male or female.
- 9. County You Live In Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
- 10. Purpose of Clearance Do not check more than one block:
 - a. Check the Child Care box if planning to work in a day care or child care setting.
 - b. Check the Foster Care box if applying as a prospective foster parent.
 - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
 - d. Check the Adoption Block if in the process or planning to adopt a child.
 - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
 - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
 - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature AND phone number of the CAO or OIM representative is required.
- 11. Previous Names Used Since 1975 The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, aliases and also known as (aka) names.
- 12. Previous Addresses Since 1975 List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location will be acceptable.
- 13. Household Members Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
- 14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
- 15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
- 16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.

	A Second Chance, Inc.									
FBI FINGERPRINTING APPLICANT REGISTRATION										
DATE OF REQUEST *(INFORMATION WILL BE SUBMITTED ONLINE) *1.										
CASEWORKER										
NAME NAME										
ASCI NUMBER	·		·	CYF NUMBER						
PROGRAM										
REASON FOR REQUES		,								
		PTIVE PARENT (Primary o								
		F 18 RESIDING IN THE F				VT				
*NAME/SUBJECT OF RECO	RD GHEGK	(LAST)	*(FIRST)	į	(MIDDLE INITIAL)					
*Date of Birth (MMDDYYYY)	*P	Place of Birth City	*Place of Birth State	/Country	*SSN	*RACE				
*Eye Color	1	*Hair Color	*Height		*Weight	*Country of Citizenship				
Drivers License No.		*Address	*City		*State	*Zip				
*Phone Number	Email Add	ress (ex lohn@doe.com)	Alias/Maiden Last	Name	Alias First Name	Alias Middle Initial				
*Phone Number Email Address (ex lohn@doe.com) Alias/Maiden Last Name Alias First Name Alias Middle Initial (ex 2155551212)										
				* Fields marked with a * are required.						
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KINSHIP CAREGIVER/RESOURCE FAMILY PLACEMENT PLAN AND AGREEMENT

*					
Mission and Purpose: The purpo responsibilities of both the Kinship C and well being of the child while in the	Caregiver/Resource	ent Plan an Family and	nd Agreement is A Second Chan	to outline and c ce, Inc. relating to	larify the
Reason for completion: Initial	☐ Annual Review	□ Char	nge of PAT level	of child	
For the minor child:	Dat	e of Birth:	Age:	_ PAT Level:	·
This Agreeme	nt is effective this	c	day of		
	by & b	etween			
The Agency:	A SECOND CHANCE 8350 Frankstown I Pittsburgh, PA 15 Telephone (412) 3	Road 221			
a subcontractor of Allegheny County (CYF), the agency that has the care a				ildren, Youth and	Families
•	ar	nd			
The Kinship Caregiver/Resource Fan	nily:				
First	<u></u> mi	ddle	last name		
	ar	id			
First	mid	ddle	last name		
Street address	City	State	Zip	Coun	ty
Telephone number					

This Agreement covers the placement of, and planning for, the minor child in the home of the Kinship Caregiver/Resource Family, subject to the following terms, and conditions.

- 1. <u>Term of placement; Termination</u>. ASCI and the Kinship Caregiver/Resource Family agrees that this placement shall be for a term of one (1) year, and shall be automatically continued on a year-to-year basis thereafter until terminated. It may be terminated by:
 - at least thirty (30) days notice in writing from the Kinship Caregiver/Resource Family of their desire to discontinue the placement;
 - by mutual consent of ASCI and the Kinship Caregiver/Resource Family;
 - by order of the Court of Common Pleas of Allegheny County or other appropriate court having jurisdiction;
 - by means of the procedures set forth in Regulations Chapter II, Section 31 of the children and youth manual of the Department of Public Welfare Office of Social Programs as revised July 1, 1980 (which regulations have been supplied to the Kinship Caregiver/Resource Family); or
 - by reason of the child's reaching 18 years of age or graduating from high school.

Signature(s): My signature indicates that I have read and understood the above information.

Primary Kinship Caregiver/Resource Family:	Date:
Secondary Kinship Caregiver/Resource Family:	Date:
 Reason for placement. The Kinship Foster Caregiver/r foster care placement resulted from one or more of the fol a)	resource family understands that the need for a lowing reasons, as indicated below:
☐ abandonment ☐ ☐ death of birth parent or caregiver	hospitalization of birth parent or caregiver ill health of birth parent or caregiver
b)	
c)	
d) truancy e) special needs & birth parent or caregiver's inab	nility/unwillingness to meet them

	medical emotional
	f)
giv	ne Kinship Caregiver/Resource Family also understands that the reasons for placement and other information ven to them about the child or the natural family is confidential. They have received this information for the urpose of and to the extent necessary to further their ability to meet the child's needs.
3.	Health care needs of child
an	SCI and the Kinship Caregiver/Resource Family understands and agrees that the child's current medical and dental history as of the date of this agreement requires the following, as indicated: enrollment and regular attendance at the well baby clinic serving Kinship Caregiver's area
	no immediate medical examination or treatment needs are known at present according to the last examination made the day of, no immediate dental examination or treatment needs are known at present according to the last
	examination made the day of, enrollment and attendance at □ eye, □ ear, □ child development, or □ other special clinic
_	(specify clinic and location) because of problems in that area.
_	
	enrollment and attendance in a therapeutic counseling program due to special emotional needs
_	(specify clinic and location)
	enrollment and attendance in early periodic screening diagnosis and treatment (EPSDT) program
	(specify location)
	other (specify)
4.	Educational, social, and other needs of child
	a) Educational needs
	 no special educational needs are currently known child has special educational needs in the area(s) of
	☐speech ☐reading ☐hearing
	 child requires a special educational program that will be provided by school child requires therapy which will be provided through school child requires the cooperation and help of the kinship caregiver in overcoming truancy other
	b) Social needs
	no special social needs are currently known.needs which will require the cooperation and help of the Kinship Caregiver

 forming positive social responses for children teaching good living habits improving peer relationships 	
other	·
c) Other needs (to be completed by ASCI caseworker)	
5. <u>Duties of the Kinship Caregiver/Resource Family</u> .	
A. Health Care, Educational, Social and Other Needs for the child: The Kinship Caregive Family agrees that they will arrange for and participate in ongoing routine medical checkups, educational programs, social programs, and other special needs of the child, in this Agreement. This includes the responsibility to provide for transportation for In the event medical, dental care or therapeutic counseling services are needed, Caregiver/Resource Family will advise ASCI immediately so that treatment plar determined. Following such consultation with the agency, the Kinship Caregiver/Resource agrees to arrange for and participate in all of the necessary appointments for the authority is given to the Kinshi Caregiver/Resource Family to authorize surgical participate. The Kinship Caregiver/Resource Family further agrees that, in the event a need for treatment arises which precludes such prior planning, they will obtain such treatment that and notify ASCI at the earliest opportunity.	and denta as outlined or the child the Kinship as may be urce Family child. No rocedures emergency
Signature(s): My signature indicates that I have read and understood the above information.	
Primary Kinship Caregiver/Resource Family: Date:	<u></u>
Secondary Kinship Caregiver/Resource Family: Date:	,
B. <u>Discipline</u> . The Kinship Caregiver/Resource Family understands and agrees to abide be Discipline Policy, which prohibits corporal punishment of foster children. A copy of the attached to this agreement. The Kinship Caregiver/Resource Family also agrees to rany abusive, degrading, or vindictive means of discipline of foster children.	is policy is
C. Plan for visitation and telephone contact with birth family or guardian(s). The Caregiver/Resource Family understands and agrees that the parent(s), siblings guardian(s) of the child may visit the child only at the time and place designated by AS Court, or by mutual agreement. The Kinship Caregiver/Resource Family has an old cooperate in carrying out the visiting plan, which may include, permitting parent/child vertically foster home; providing the child's transportation to other locations; helping to prepare the such visits; supporting the child's need for such visits; and notifying ASCI of any problem visit or in the child's adjustment following a visit. ASCI and the Kinship Caregiver/Resounderstands and agrees that the visitation plan between the child and the parent(s), signardian(s) shall be as follows:	Cl, CYF, a bligation to risits in the ne child for ns during a lirce Family
 i) all visits shall take place at a location and time determined by ASCI, CYF, Court C mutual agreement. Transportation to visits outside the foster home is ordina provided by the Kinship Caregiver/Resource Family. ii) there will be a minimum of: visits every two weeks at (location) 	
other (specify frequency and location)	
Z/Forms 2008/POC/Place Plan Agreement Par REVISED 1/29/14	ge 4 OF 8

- iii) visits shall continue as per item b, until re-determined in accordance with the parents availability and performance, the child's needs, Court Order, CYF directive or mutual agreement.
- D. <u>Notification to ASCI of Changes in Circumstances</u>. The Kinship Caregiver/Resource Family understands and agrees that this placement shall be supervised by ASCI. Accordingly, the Kinship Caregiver/Resource Family agrees that they will immediately notify ASCI of any substantial change in their circumstances that may have an effect on the child's adjustment or planning for said child.

This includes notification to ASCI of the following in the indicated timeframes:

- A child's runaway must be reported <u>immediately</u> when the Kinship Caregiver/Resource Family becomes aware. This will require action by A Second Chance, Inc., therefore, if this occurs during business hours contact your POC caseworker immediately, and if the POC caseworker is unavailable, speak with the receptionist who will direct your call to the appropriate supervisor. If a child runs away after business hours A Second Chance, Inc.'s 24 hour on call service can be accessed by calling (412) 342-0600, and pressing zero (0) once the voicemail message begins to play;
- any change in address, health, marital status, i.e. marriage, separation or divorce must be reported within 48 hours of the change for review by A Second Chance, Inc.;
- any changes to the family and household composition must be reported within 48 hours of the change for review by A Second Chance, Inc. This includes any person, i.e. family members, paramours, extended family, and friends, moving into the home and/or moving out of the home.;
- any changes in income or employment must be reported within 30 days of the change for review by A Second Chance, Inc.;
- any criminal acts committed by any member of the household, including the Kinship Caregiver/Resource Family and all household members over the age of 14 in the home must be reported within 48 hours of the change for review by A Second Chance, Inc.; and
- all medical emergencies involving the child or Kinship Caregiver/Resource Family must be reported within 48 hours of the change for review by A Second Chance, Inc.

Please be aware that any Kinship Caregiver/Resource Family who knowingly fails to report any of the above mentioned information in the required time frames will be disqualified as a kinship foster parent. This disqualification shall result in the child immediately being removed from the home without a hearing.

Signature(s): My signature indicates that I have read and under	erstood the above information.	
Primary Kinship Caregiver/Resource Family:	Date:	
Secondary Kinship Caregiver/Resource Family:	Date:	

- E. The Kinship Caregiver/Resource Family also understands and agree that they will:
 - not place the child outside their home without the written consent of ASCI;
 - not return the child to his/her parent, parents, or guardian without the written consent of ASCI;
 - not take the child on planned vacation trips outside the county without providing two weeks written notice to ASCI of their plan and obtaining CYF's consent to such trip;

- not accept other children for care on a private basis or from another social service agency without the written consent of CYF and ASCI.
- F. <u>Training and Certification Process</u>. The Kinship Caregiver/Resource Family agrees to participate in and provide the information necessary for an initial certification and annual recertification process, including:
 - an evaluation of their home by ASCI;
 - foster parent training sessions (14 hours in the first year; 6 hours each successive year).
 - furnishing ASCI with a report of health appraisal of the Kinship Caregiver/Resource Parent during the initial certification process completed by a licensed physician evidencing the Kinship Caregiver/Resource Parent is free from communicable diseases

Please be aware that any Kinship Caregiver/Resource Parent who is not free from communicable diseases has an opportunity to have ASCI pursue a waiver on their behalf from the State of Pennsylvania Department of Public Welfare that will allow licensing to proceed; however the Kinship Caregiver/Resource Parent must first grant ASCI consent to pursue said waiver. Please note that ASCI will utilize a non-disclosure posture in pursuing the waiver on a Kinship Caregiver/Resource Parent's behalf by not specifically identifying the communicable disease.

Signature(s): My signature indicates that I have read and undi	erstood the above information:	
Primary Kinship Caregiver/Resource Family:	Date:	
Secondary Kinship Caregiver/Resource Family:	Date:	

- G. <u>Cooperation in the Supervision of the Placement</u>. The Kinship Caregiver/Resource Family also agrees to cooperate with the ASCI caseworker to conduct supervision of the placement. This includes participation in the monthly caseworker visits with the Kinship Caregiver/Resource Family and the child, and the completion of all forms required by ASCI. The Kinship Caregiver/Resource Family may call upon the caseworker for guidance and direction at any time, or in an emergency upon the on-call staff at (412) 342-0600, who will in turn communicate with the caseworker.
- H. <u>Permanency Planning</u>. The Kinship Caregiver/Resource Family agrees to participate in the process of planning for a permanent home for the child as required by Federal and State law and the policies of CYF and the Juvenile Court.

6. Duties of A Second Chance, Inc. (ASCI):

- A. <u>Training and Certification Process</u>. ASCI agrees to provide all necessary training sessions and materials for the initial certification and recertification of the Kinship Caregiver/Resource Family.
- B. <u>Supervision of the Placement</u>. ASCI shall provide general supervision of the placement. An ASCI caseworker shall assess the child's development; assist the Kinship Caregiver/Resource Family in any adjustment problems; and shall call and visit the Kinship Caregiver/Resource Family and the child monthly.
- C. <u>Managed Health Care Enrollment</u>. ASCI will execute all documents necessary to enroll the child for managed health care coverage, if necessary.

- D. <u>Financial Support</u>. ASCI will provide financial support to the Kinship Caregiver/Resource Family in accordance with the terms of this Agreement and all Federal, State and local laws, regulations and policies.
- 7. <u>Terms of Financial Support</u>. ASCI will pay the Kinship Caregiver/Resource Family a monthly sum based on ASCI's established daily board rate for each day the child is in their care. The room and board rate is determined by the Placement Assessment Tool (PAT) level as assessed by Allegheny County Children, Youth, and Families.

These PAT levels are as follows:

Level	Daily Rate Paid to Caregiver
1	\$18.00
2	\$19.80
3	\$22.68
4	\$27.00
College Youth	Pat Level Amt Pd to Caregiver when child resides in the home
Parenting Teenager also known as a Mother Baby Case	\$30.55
_	

The Kinship Caregiver/Resource Family understands and agrees that they are not entitled to payment for days the child is not in their care, such as when the child is on an overnight visit with the birth parents, is placed in respite care, or is away at a summer camp.

Quarterly clothing payments are issued to the kinship caregiver four times per year (February, May, August and November). This Quarterly Clothing allotment is included with the monthly Board payment. Clothing is issued to the homes that are **open and certified** as of the disbursement date. The amount of the clothing issued is based on the age of the child and is in accordance with the Allegheny County Children, Youth and Families rates.

Age of Child	Quarterly Clothing Allowance Rates
Birth thru 18 Months	\$60.92
19 Months thru 4 Years	\$84.43
5 years thru 11 years	\$133.98
12 years and Older	\$161.65

Kin caregivers are also issued on a one-time lump sum Clothing Allotment on behalf of the child. This Initial Clothing disbursement is a separate payment from the Quarterly Clothing and is issued upon certification. The Initial Clothing amount is based on the age of the child.

Age of Child	Initial Clothing Allowance Rates
Birth thru 18 Months	\$221.85
19 Months thru 4 years	\$295.29
5 years thru 11 years	\$371.03
12 Years and Older	\$442.12

While receiving benefits from ASCI, the Kinship Caregiver/Resource Family understands that they are not entitled to receive money for the care of the child from any other source, such as Social Security, Child

Support, Veterans' Administration, or the child's natural family. The Kinship Caregiver/Resource Family accordingly agrees to return to ASCI any moneys so received.

8. Revision of Plan. The Placement Plan and Agreement can be revised in whole or in part by the mutual consent of the Kinship Caregiver/Resource Family and ASCI at any time, or by Court order or directive of CYF. However, in the event of an unusual or uncommon change in circumstances or an immediate need of the child, ASCI may temporarily modify this Placement Plan and Agreement without the consent of the Kinship Caregiver/Resource Family.

By signing below and at the four(4) places indicated throughout the document, the Kinship Caregiver/Resource Family and ASCI personnel indicate their agreement to the terms of this agreement.

Primary Kins Resource Fa	hip Caregiver/ Date mily	ASCI Caseworker Date
	inship Caregiver/ Date mily	ASCI Supervisor Date
Attachments:	ASCI Discipline Policy ASCI Transportation Policy Certification and Recertification Require	ements
CC:	CYF CaseworkerKinship Caregiver/Resource Family	

Present Danger Assessment: Out of Home Care Settings

Refer to the definition of each safety threat before checking <u>yes</u> or <u>no</u>. The presence of any of these safety threat as uniquely manifested in the family/situation should be fully studied and understood and guide the decision about approving/continuing the placement.

Case Name	Case Number	Date of Assessment		
Out of Home Caregiver(s) Name(s)	Out of Home Caregiver Address	Out of Home Caregiver Phone Number		
Household Members:		Seen:		
Present Danger Threat			200	Š
- [home) in the home are acting violently or out of control	-	\perp	2
		re extremely unrealistic expectations of the child.		
3. Out of home caregiver(s) communicate or behave in w	behave in ways that suggest that they may fail to prot	ays that suggest that they may fail to protect child(ren) from serious harm or threatened		
Ι.	harm by other family members, other household members, or others having regular access to the child(ren).	e child(ren).		
4. The out of home caregiver(s)/family refuses access to	es access to the child or there is reason to believe that the family is about to flee.	the family is about to flee.		
	Out of home caregiver(s) are unwilling or unable to meet the child's immediate needs for food, clothing or shelter.	othing or shelter.		
	Out of home caregiver(s) has not will not or is unable to provide cure median process.	er placed children or children to be placed.		-
	Child is unusually fearful/anxious of the kin or foster home situation.	ct child from potentially serious harm.		
	maltreated a child, and the severity of the maltreatmer	child, and the severity of the maltreatment or the caregivers' response to the previous		
- 1	immediate concern.			
	us and immediately threatening.			
	The out of home caregivers' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child	ect, or care for the child.		
	Out of home caregivers' emotional instability or developmental delay affects ability to currently supervise, protect, or care for the child.	supervise, protect, or care for the child.		
	poses a risk of serious physical and/or emotional harm to the child(ren).	to the child(ren).		
	which out of home care caregiver(s) cannot/will not meet or manage	et or manage.		
15. Child is seen by either out of home care care care care care care care car	Child is seen by either out of home care caregiver as responsible for the child's parents' problems or for problems that the out of home caregivers	s or for problems that the out of home caregivers		
16 One or both of the out of home control.				
	than CYS and/or are supportive of the child's parents' point of view.	ie parents' behavior, believe the parents rather		
17. One or both of the out of home care care	One or both of the out of home care caregiver(s) indicate the child deserved what happened in the child's home.	ne child's home		
18. Out of home caregiver(s) history of or acti	Out of home caregiver(s) history of or active criminal behavior that affects child safety, such as DV, drug trafficking or addiction, sex crimes, other	V, drug trafficking or addiction, sex crimes, other		
- 1	erty.			
19. Out of home caregiver(s) or family members will likely	ers will likely allow parents unauthorized access to the child.	hild.		
 Active CYS case, or a history of reports and home. 	Active CYS case, or a history of reports and/or CYS involvement that indicates that history will compromise the safety of the child if placed in this home.	mpromise the safety of the child if placed in this		
Worker Summary of Findings/Analysis:				
Date Completed:	Worker Signature:	Supervisor Signature:		



8350 Frankstown Road Pittsburgh, PA 15221 Phone: 412-342-0600

Fax: 412-242-5229

Date:	
Attention:	
We have enclosed a release of information form signed by	
The information concerning purpose of casework assessment and case planning.	_is requested for the
If you have any questions, please call me at the number listed above. matter is greatly appreciated.	Your cooperation in this
Sincerely,	
Point of Contact Caseworker	



RELEASE OF INFORMATION (ROI)

I,, HEREBY R	EQUEST
(NAME OF CAREGIVER)	(NAME OF AGENCY/DOCTOR)
TO RELEASE INFORMATION FROM THE RECORDS OF	
DATE OF BIRTH OF CHILD	(NAME OF CHILD)
DATE OF BIRTH OF CHILD	DATES OF TREATMENT/SERVICE
THE FOLLOWING INFORMATION IS TO BE RELEASED	(CHECKED BOXES):
EDUCATION RECORDS	MEDICAL/DENTAL RECORDS
☐ REPORT CARDS/ATTENDANCE RECORDS	☐ HOSPITALIZATION RECORDS
☐ IMMUNIZATION RECORDS	☐ IMMUNIZATION RECORDS
☐ SCHOLASTIC/ACHIEVEMENT TESTING	☐ DENTAL RECORDS
☐ PSYCHOLOGIAL/PSYCHIATRIC TESTING/EVALUATION	NS
☐ TEACHERS'/GUIDANCE COUNSELORS' OBSERVATION	s
	☐ OUTPATIENT RECORDS
	☐ BIRTH RECORS
MENTAL HEALTH/SOCIAL SERVICE	DRUG, ALCOHOL, HIV
\square intake assessment & social history	☐ DRUG/ALCOHOL TREATMENT
☐ DEVELOPMENTAL/PSYCH EVALUATIONS	\square AIDS OR RELATED HIV TESTS
CONFIRMATION OF ATTENDANCE/VISITS	☐ CONFIRMATION OF ATTENDAN
☐ PROGRESS NOTES	☐ PROGRESS NOTES
OTHER	
PLEASE FORWARD INFORMATION TO:	
•	T OF CONTACT CASEWORKER'S NAME)
	CHANCE, INC.
	KSTOWN ROAD
	сн, РА 15221
	2-342-0600
FAX: 412-3	i42-0402
CONSENT / SIGN.	ATURE BLOCK
AND, THIS PERMISSION IS LIMITED TO THE PERSON AND PURPOSE(S) LIS	OF RECORDS, MY AGREEMENT TO OBTAIN OR RELEASE INFORMATION IS NECESSARY; STED ABOVE. THIS AGREEMENT WILL REMAIN EFFECTIVE FOR 6 (SIX) MONTHS FROM TH AT ANY TIME. HOWEVER, CANCELLATION WILL NOT AFFECT ANY ACTION THAT HAS
(SIGNATURE OF CHILD, OVER AGE 14)	DATE
(SIGNATURE OF PARENT/GUARDIAN/AUTRHORIZED REPRESENATIVE AN	ID TITLE DATE
(SIGNATURE OF WITNESS/STAFF MEMBER)	DATE
Z/Forms 2008/POC/Release of Information (ROI)	Page 2 of 2

6/2008



8350 Frankstown Road Pittsburgh, PA 15221 Phone: 412-342-0600

Fax: 412-242-5229

Date:	
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If you have any questions, please call me at the number listed above. matter is greatly appreciated.	Your cooperation in this
Sincerely,	
Point of Contact Caseworker	



RELEASE OF INFORMATION (ROI)

I,, HEREBY	REQUEST	
(NAME OF CAREGIVER)	(NAME OF AGENCY/DOCTOR)	
TO RELEASE INFORMATION FROM THE RECORDS	OF	
	(NAME OF CHILD)	
DATE OF BIRTH OF CHILD	DATES OF TREATMENT/SERVICE	
THE FOLLOWING INFORMATION IS TO BE RELEAS.	ED (CHECKED BOXES):	
EDUCATION RECORDS	MEDICAL/DENTAL RECORDS	
☐ REPORT CARDS/ATTENDANCE RECORDS	\square HOSPITALIZATION RECORDS	
\square IMMUNIZATION RECORDS	☐ IMMUNIZATION RECORDS	
\square scholastic/achievement testing	☐ DENTAL RECORDS	
☐ PSYCHOLOGIAL/PSYCHIATRIC TESTING/EVALUATI	IONS ROUTINE PEDIATRIC VISITS	
\square teachers'/guidance counselors' observation	ONS	
	\square outpatient records	
	\square birth recors	•
MENTAL HEALTH/SOCIAL SERVICE	DRUG, ALCOHOL, HIV	
\square intake assessment & social history	☐ DRUG/ALCOHOL TREATMEN	Γ
\square developmental/psych evaluations	\square aids or related hiv tests	S
☐ CONFIRMATION OF ATTENDANCE/VISITS	\Box confirmation of attenda	AN
☐ PROGRESS NOTES	\square progress notes	
OTHER		
PLEASE FORWARD INFORMATION TO:		
(PO	DINT OF CONTACT CASEWORKER'S NAME)	
A SECON	D CHANCE, INC.	
8350 FRA	ANKSTOWN ROAD	٠
PITTSBUI	RGH, PA 15221	
PHONE:	412-342-0600	
FAX: 412	2-342-0402	
CONCENTE LONG		
CONSENT / SIG	NATURE BLOCK	
I HAVE BEEN TOLD THAT TO PROTECT THE LIMITED CONFIDENTIALITY AND, THIS PERMISSION IS LIMITED TO THE PERSON AND PURPOSE(S) SIGNATURE DATE. I UNDERSTAND THAT I CAN CANCEL THIS CONSEIT ALREADY OCCURRED.	LISTED ABOVE. THIS AGREEMENT WILL REMAIN EFFECTIVE FOR 6	(SIX) MONTHS FROM THE
(SIGNATURE OF CHILD, OVER AGE 14)	DATE	-
(SIGNATURE OF PARENT/GUARDIAN/AUTRHORIZED REPRESENATIVE	AND TITLE DATE	<u>.</u>
(SIGNATURE OF WITNESS/STAFF MEMBER)	DATE	
	• •	
Z/Forms 2008/POC/Release of Information (ROI	1)	Page 2 of 2

6/2008



8350 Frankstown Road Pittsburgh, PA 15221 Phone: 412-342-0600

Fax: 412-242-5229

Date:	
Attention:	
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The information concerning purpose of casework assessment and case planning.	_is requested for the
If you have any questions, please call me at the number listed above. matter is greatly appreciated.	Your cooperation in this
Sincerely,	
Point of Contact Caseworker	



RELEASE OF INFORMATION (ROI)

I,, , i	HEREBY REQUEST	Γ					
(NAME OF CAREGIVER)		(NAME OF AGENCY/DOCTOR)					
TO RELEASE INFORMATION FROM THE RE	CORDS OF						
7 1 mm Ov Danner Ov Over 7		(NAME OF CHILD)					
DATE OF BIRTH OF CHILD	DAT	TES OF TREATMENT/SERVICE					
THE FOLLOWING INFORMATION IS TO BE I	RELEASED (CHEC	EKED BOXES):					
EDUCATION RECORDS		MEDICAL/DENTAL RECORDS					
☐ REPORT CARDS/ATTENDANCE RECORDS		☐ HOSPITALIZATION RECORDS					
☐ IMMUNIZATION RECORDS		☐ IMMUNIZATION RECORDS					
☐ SCHOLASTIC/ACHIEVEMENT TESTING		☐ DENTAL RECORDS					
☐ PSYCHOLOGIAL/PSYCHIATRIC TESTING/EV	VALUATIONS	\square routine pediatric visits					
☐ TEACHERS'/GUIDANCE COUNSELORS' OBS	ERVATIONS	☐ OFFICE VISITS					
		☐ OUTPATIENT RECORDS					
		☐ BIRTH RECORS					
MENTAL HEALTH/SOCIAL SERVICE		DRUG, ALCOHOL, HIV					
\square intake assessment & social history		☐ DRUG/ALCOHOL TREATMENT					
\square DEVELOPMENTAL/PSYCH EVALUATIONS		\square aids or related hiv tests					
\square CONFIRMATION OF ATTENDANCE/VISITS		CONFIRMATION OF ATTENDAN					
☐ PROGRESS NOTES		☐ PROGRESS NOTES					
OTHER	•						
PLEASE FORWARD INFORMATION TO:							
	(POINT OF CO	NTACT CASEWORKER'S NAME)					
A	SECOND CHANCI						
	350 FRANKSTOW	·					
P	ITTSBURGH, PA	15221					
	HONE: 412-342-0						
F .	AX: 412-342-040	2					
CONSEN	T / SIGNATURE	E BLOCK					
I HAVE BEEN TOLD THAT TO PROTECT THE LIMITED CONFI	DENTIALITY OF RECOR	DS, MY AGREEMENT TO OBTAIN OR RELEASE INFORMATION IS NECESSA	ιRΥ;				
AND, THIS PERMISSION IS LIMITED TO THE PERSON AND PU	JRPOSE(S) LISTED ABOV	VE. THIS AGREEMENT WILL REMAIN EFFECTIVE FOR 6 (SIX) MONTHS F	OM THE				
SIGNATURE DATE. I UNDERSTAND THAT I CAN CANCEL THAT ALREADY OCCURRED.	HIS CONSENT AT ANY T	IME. HOWEVER, CANCELLATION WILL NOT AFFECT ANY ACTION THAT	HAS				
ALICADI OCCORDO							
(SIGNATURE OF CHILD, OVER AGE 14)		DATE					
(SIGNATURE OF PARENT/GUARDIAN/AUTRHORIZED REPRE	SENATIVE AND TITLE	DATE					
		###### ·					
(SIGNATURE OF WITNESS/STAFF MEMBER)		DATE					
	(B.O.D.						

Z/Forms 2008/POC/Release of Information (ROI) 6/2008

Allegheny County Department of Human Services Health Care Enrollment for Providers

Provider must submit this form each time a child enters any paid placement.

Send or fax within 5 business days of placement to:

Health Enrollment Unit 1 Smithfield St. Pittsburgh, PA 15222 (Phone: 412-350-3065; Fax 412-350-7256)

All children must be screened in accordance with the Early Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines.

Child Information		
Name:	Birth Date:	Case No.:
County of Placement:		Date of Placement:
Current Health Care Provider:		
Medical Recipient #:		Social Security #:
Known Medical Problems, Medic		
		·
		's Information
Name:		
Address:	Address	S:
Provider Information		
2.7		
Address:		
Provider Contact:		Phone:
Primary Care Physician Selection	In (as preferred by the caregiver)	·
Name:	Practice Name (if diffe	rent):
Address:		Phone:
,	Gateway Unison Medl	
OCYF Caseworker/ Probation Officer:		Phone:
(Print or type o	only)	1 110110.



FOSTER CHILD'S EPSDT/PHYSICAL MEDICAL EXAM FORM

Child's Name:		Sex: □ M		?	D.O.B.				
Physician's Name:									
Physician's Address:									
Physician's Phone	Number:	-		Physician's Fax N	umber:				
Date of Exam:									
Reason for visit:	□ EPSDT	Screening		Routine Physical	l (only for those	e ages 7 and 9	years)		
Weight	Height	Temp		Pulse	Resp	Blood Pre	ssure		
Kg. Lb.	Cm. In.				_				
1.5		bnormal	N/A		Normal	Abnormal	N/A		
1. Eyes				Musculoskeletal		_	_		
2. Ears				21. Extremities					
3. Nose/Sinus				22. Back/ Spine					
4. Neck/Thyroid				N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
5. Chest				Neurological Mo		-	_		
6. Breast				23. Sensory Exam					
7. Female				24. Speech 25. Balance					
Tannan Stages	Mala			25. Balance					
Tanner Stage: 8. Thorax	Male: □			Comonal					
				General 26. Nutrition		_	F-71		
9. Lungs	ш	ш	ш						
Caudiavasaulau				27. Appearance28. Posture					
Cardiovascular: 10. Heart				29. Self-image					
11. Radial Pulse				30. Temperament					
12. Femoral Pulse				31. Behavior	H				
13. Pedal Pulse				J1. Dellavioi	Ц	L	Ц		
14. Blood Pressure				Female Genitalia	•				
14. Diood I leasure	. "	-		32. Labia	`				
Abdomen/ Pelvis:				33. Vagina	ä				
15. General				34. Uterus	ä				
16. Liver	Ī			35. Ovaries					
17. Kidney				36. Urethra			<u> </u>		
18. Spleen				Tanner Stage:		_	_		
19. Groin				37. Penis					
20. Anal/Rectal				38. Testes					
20, 1 Man 1700mi	_	_	_	39 Scrotum	H				

Vision Screen □ N/A					Audio Screen												
Without Corrections					1000 2000 3000					00	6000	8000					
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						Uri	ine An	alys	is					•			
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HGB/H	CT	T Lead Sickle Cell						СВС									
	<u></u> -														· · · · · · · · · · · · · · · · · · ·		
							-										
	Observ	vatior	ıal Ass	essm	ent:		□ No (Conc	ern		onceri	n 🗖	N/	/A			
Issue/Co	ncern:						-			_				-			
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ge	HepB	Rota	DTaP	Hib	PCV	IPV	Influe		MMR		icella	HepA			MCV4		
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CHILD'S NAME:	DATE OF BIRTH
POC#	- .
DATE OF LAST DENTAL APPRAISAL:	(ROUTINE CARE EVERY SIX MONTHS
DENTAL EXAM DATE	- -
• CAVITIES	
• MISSING PERMANENT TEETH	
• ORAL INFECTION	
PROTRUSION	·
● EXAM OF HARD AND SOFT TISSUE	
• X-RAYS RECOMMENDED	
DIAGNOSIS F/	U RECOMMENDATIONS
·	
DENTIST NAME (PRINT OR TYPE)	
ADDRESS	
CITY, STATE ZIP	PHONE
SIGNATURE DENTIST	FAX
SIGNATURE OF PERSON ACCOMPANYING CHILD	RELATIONSHIP

Visitation Encounter Form

I/ Wevisit with my ASCI caseworker on	understand that my signature below verifies a
Signed:	
☐ Kinship Caregiver/ Resource Parent	 Date
☐ Secondary Kinship Caregiver/ Resource Parent	Date
□ Child	Date
Other (please specify relationship to child)	Date
☐ ASCI Caseworker	Date
Z\Forms2008\POC\Visitation Encounter	

11/2008