

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 12:</b> Foster Family Home Licensing	<b>Effective Date:</b> October 1, 2012
	<b>Section 3:</b> Initial Licensing Packet	<b>Version:</b> 2

**STATEMENTS OF PURPOSE**

The Indiana Department of Child Services (DCS) will ensure that all prospective foster parents receive and complete an initial licensing packet. See Forms and Tools for necessary forms.

It is recommended that the Initial Licensing Packet be distributed prior to the prospective foster parent attending the first pre-service training session.

Code References

[465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

**PROCEDURE**

The licensing worker<sup>1</sup> will ensure that all prospective foster parents who enroll in the Resource and Adoptive Parent Training (RAPT) receive an initial licensing packet. The packet will be distributed by the licensing worker:

1. Through the mail when the prospective applicant signs up for training;
2. At the initial inquiry meeting (see separate policy, [12.02 Responding to Initial Inquiries](#));
3. At the first home visit; or
4. At the RAPT I pre-service training session.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. [Application for Foster Family Home License \(SF10100\)](#)
2. [Medical Report for Caregivers \(SF45145\)](#)
3. [Medical Report for household Members \(SF 45144\)](#)
4. [Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#)
5. [Foster/Adoptive Family Inventory \(SF54607\)](#)
6. [Resource Parent Role Acknowledgement \(SF54642\)](#)
7. [Water Agreement \(SF54612\)](#)
8. [Application for Criminal History Background Check \(SF53259\)](#)
9. [Child Care Plan \(SF54608\)](#)
10. [Record of Child Placement \(SF54610\)](#)
11. [Residential Pool Requirements/Body of Water Safety Plan \(SF54609\)](#)

<sup>1</sup> The licensing worker refers to the DCS Regional Foster Care Specialist or the Licensed Child Placement Agency worker

12. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#)
13. [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
14. [Request for Taxpayer Identification Number and Certification \(W-9\)](#)
15. [Resource Family Home Physical Environment Checklist \(SF53186\)](#)
16. [Claim for Support of Children Payable from Family and Children Funds \(SF28808\)](#)

## RELATED INFORMATION

### **Medical Forms**

Medical forms must be completed by a licensed physician or a certified health practitioner (Nurse practitioner).

### **Completing the Licensing Packet**

The documentation involved in completing the packet may be overwhelming to the prospective foster parent. The licensing worker should assist the prospective foster parent in completing the forms as needed. If special circumstances are required for assistance, the procedure is to be flexible in order to accommodate all prospective applicants.

### **Agency Accreditation**

Due to accreditation standards, LCPAs may require additional documentation. This information may be added in the comment section of state forms or documented in the licensing file. State forms cannot be altered.