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| ***ENTITY INFORMATION*** | |
| Named Insured: | |
| Are you licensed with the State for foster placement? | Yes  No |
| Do you contract with the State to provide youth & family services? | Yes  No |
| If yes, please select the services provided and provide a copy of the contract for each one. | In-Home (wrap-around services to help youth stay in their home)  Treatment Foster Care  Treatment Foster Care Short Term/Interim  Qualified Residential Treatment Program  Qualified Residential Treatment Program Short Term/Interim  Emergent Placement Services |
| How many foster families do you oversee annually? |  |
| Anticipated number of foster children over the next 12 months, broken out by age group:  Ages: Less than 1 year:\_     \_\_\_ 1-5:\_     \_\_\_ 6-10: \_     \_\_\_ Over 10: \_\_     \_\_ | |
| Average number of foster children who are placed multiple times? |  |
| What is the total number of training hours required by each foster family prior to placement of a foster child? |  |
| Are foster families required to complete any ongoing training? |  |
| Are caseworkers supervised?  Are decisions for foster children made by a team? | Yes  No  Yes  No |
| Are home studies conducted:  What are staff member’s credentials? | Yes  No |
| Do they have written procedures in place to analyze potential applicants? | Yes  No |
| Do applicants go through background checks as part of the application process? | Yes  No |
| Do you verify homeowners insurance or renters insurance? | Yes  No |
| Are children given thorough medical examinations, with prior conditions noted, prior to foster placement? | Yes  No |
| Do foster or adoptive families/parents receive special counseling after placement? | Yes  No |
| Are children placed in a foster home until the time lapses for the parent or guardian to change their mind? | Yes  No |
| Are follow-up visits made after placement?  Are these visits unannounced?  How often do they occur?  When do these visits stop? | Yes  No  Yes  No |
| Do they have guidelines in place regarding the rights of the biological parents?  If yes, please provide a copy of the guidelines. | Yes  No |
| Are foster families/parents paid a stipend in accordance with State guidelines? | Yes  No |
| Are foster families made aware if placed children have sexually or physically aggressive backgrounds? | Yes  No |
| Are owned or non-owned autos used in daily operations or to provide services? | Yes  No |

**NPIP Foster Placement Services**