



ADOPTION AND FOSTER CARE PLACEMENT
AGENCY SUPPLEMENTAL APPLICATION

Named Insured:
Name of Agency/Facility:

I. FOSTER PLACEMENT AGENCIES:

Important - Please attach: Copies of placement policy and procedures, family selection, training guidelines and any and all applications used in the process.

- 1. What is the annual number of foster care placements? Current Year Projected next year
2. Average number of children being placed in fosters home? Group Home?
3. Average age of children being placed in foster homes? Group Home?
4. What is the maximum number of children allowed per foster home?
5. How does this agency recruit foster homes?
6. Who licenses the foster homes? Insured State Other please explain:
7. Is insured legally responsible for the following:
- Placement of children in homes? Yes No
- Licensing of foster parents and homes? Yes No
- Licensing of group homes if used? Yes No
- Supervision, Inspection and Home Checks? Yes No
- Do contract or subcontract any of above? Yes No
o If yes please provide detailed explanation.
8. Does insured use any homes licensed by the state? Yes No
If yes, does Insured re-interview and inspect homes prior to placement? Yes No
If no, does Insured inspect home within 30 days of placement? Yes No
9. Does insured receive prior placed children either from the state or private agencies? Yes No
If yes, does Insured require complete history and case workers file prior to placing in another home? Yes No
10. Does the insured have full immunity from the State? Yes No
If yes, please include a copy of state law regarding immunity.
If no, does insured have any immunity regarding foster care? Yes No
If yes, please include copy of any state law regarding immunity and or explanation of liability.
11. Does insured have a hold harmless with the state/county/other foster care agency? Yes No
12. How frequently are home inspections done? Are they scheduled or unscheduled?
13. Does home inspection include a consultation with foster child? Yes No
If yes is consultation done alone or group
14. Is your Foster Care program accredited? Yes No If yes, what accreditation?
Expiration Date:
15. Do Foster Families receive Orientation and Training? Yes No
16. Do Foster Families receive full discloser with respect to child's health history and related back ground? Yes No
17. Is one foster parent required to stay at home and not seek outside employment? Yes No
18. Does the acceptance procedure include background research and FBI checks? Yes No
19. How often are children moved from one home to another?
20. What is the percentage of children with disabilities (physical or mental)? %
21. What percentage of children are removed from their parents' home involuntarily? %

By whose authority? Explain procedure: _____

- 22. Current number of certified foster families: _____
- 23. Who compensates the foster families? _____
- 24. How many caseworkers do you have? Full Time: _____ Part Time: _____
- 25. What is the average number of cases per caseworker? _____
- 26. Can any of your caseworkers be foster families? _____
- 27. Are there written procedures outlining the steps to be taken in the event of alleged physical or sexual abuse?
 Yes No

II. ADOPTION PLACEMENT AGENCIES:

IMPORTANT: Please attach copies of all homestudy applications and information to prospective families, family selection criteria, placement guidelines and procedures.

- 1. What is the annual number of adoption placements? Current Year _____; Projected next year _____
- 2. Where does the agency receive adoptive children from? Please indicate the percentage:
Domestic agencies _____ %
Outside the United States _____ %
Private Placement _____ %
Other _____ %

- 3. Do your procedures require a comprehensive Health Screening of all children prior to being placed? Yes No
- 4. For adoptions outside the United States, do the procedures require screening for:
Hepatitis Yes No
Tuberculosis Yes No
Intestinal Parasites Yes No
- 5. Are both birth parents contacted prior to all adoption proceedings? Yes No
- 6. Do you have an attorney on staff? Yes No If yes, provide the name of the Legal Errors and Omissions carrier and limits carried: _____
- 7. Do you perform home studies for clients other than your prospective adoptive parents? Yes No
If yes, please provide estimate of the number of these home studies performed. _____
- 8. If International Adoptions, please list countries of origin: _____
- 9. Do you perform consulting services for other agencies? Yes No
- 10. Please describe the selection process for Adoptive parents? _____

- 11. Does the selection/acceptance procedure include background research and FBI checks? Yes No
- 12. Do you provide specific information about the child/children to the prospective adoptive parents prior to formalizing the agreement? Yes No If yes, are these disclosures written or verbal? _____
- 13. Do Adoption Families receive full disclosure with respect to child's health history and related back ground? Yes No

Signature of Applicant

_____/_____/_____
Date

Name and Title