



FAMILY VIOLENCE CALLS DISCLOSURE FORM

Purpose: Use this form to document law enforcement service calls involving family violence at the prospective foster parents' addresses.

Directions: To complete this form, the foster home applicant(s) must list each incident of law enforcement responding to a report of family violence at their place of residence in the 24 months preceding the application to become a foster home. Please include the location, the date, and a description of each incident. If law enforcement did not respond to any reports of family violence at the home, write NONE in the Description of Incident section.

This form must be completed and reviewed during the home study process for each prospective foster home and filed in the foster home record.

DISCLOSURE

Name of Child Placing Agency:			
Name of Prospective Foster Home:		Date of Family Violence Incident:	
Current Home Address:			
City:	State:	Zip Code:	Telephone No. (A/C):
Home Address Where the Violence Occurred:			
City:	State:	Zip Code:	Telephone No. (A/C):

DISCLOSURE

Description of Incident -- Please describe the family violence, including why a report to law enforcement was made, who was involved, names and ages of all children in the home at the time of the call, and the name of anyone who was arrested. Please attach a separate sheet of paper if more space is needed.

Name of Child Placing Agency:

Name of Prospective Foster Home:	Date of Family Violence Incident:
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Current Home Address:

City:	State:	Zip Code:	Telephone No. (A/C):
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Home Address Where the Violence Occurred:

City:	State:	Zip Code:	Telephone No. (A/C):
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DISCLOSURE

Description of Incident -- Please describe the family violence, including why a report to law enforcement was made, who was involved, names and ages of all children in the home at the time of the call, and the name of anyone who was arrested. Please attach a separate sheet of paper if more space is needed.

SIGNATURES

The information given is true and complete to the best of my knowledge. My failure or refusal to provide the requested information or sign this form constitutes good cause not to verify my home.

Prospective Foster Parent: X	Date Signed:
Prospective Foster Parent: X	Date Signed:

CPA USE ONLY

Name of CPA Staff who Reviewed:		Local Law Enforcement Check Required:
Date Reviewed:	Local Family Violence Check Completed:	If a Local Check was Completed, Date Shared with Licensing: