



Dear Potential Foster Family:

Thank you for expressing an interest in the foster care program with Lawrence County Children and Youth Services. Enclosed is an application to complete and return to our office. Please note that if at any time you have questions regarding the application and certification process, feel free to contact me.

Enclosed:

1. Application with Residence History Form
 - a. Please provide all residences within the last 10 years and any changes to your household composition (child turning 18, grandparent or parent moving in, etc.)
2. Medical forms for your physician to complete (you need to receive a physical before certification to show your free of communicable disease)
3. Resource Parent Disclosure Statements
4. Agency Policies and Procedures
5. Authorization for Automatic Entries (used after certification for monthly payment once placement of a child in your home occurs)
6. Resource Parent Facts Sheet to Review
7. No Smoking Sign for your Home
8. Resource Family Care Act for Review
9. Subsidized Day Care Services Letter
10. Foster Care Home Study Document (Please complete the document with as much information as possible and return)
11. Form W-9 Request for Taxpayer (Complete and return to our office)

A copy of the following documentation is also required to complete the application and certification process:

1. 10 Year Financial statement (can be obtained through personal records or a social security statement)
2. All court proceeding you have been involved with in the past. This includes:
 - a. Criminal Proceedings
 - b. Domestic Issues (PFA's, divorce, and/or child support)
 - c. Bankruptcy
3. Copy of Current Homeowner's/Renter's Insurance
4. Copy of Valid Driver's license
5. Copy of Current Auto Insurance
6. Copy of Pet Vaccination Records (if applicable)
7. Copy of letter stating your Well Test is free of Coliform and E-Coli (If applicable)
8. Voided check





Resource Parents and household members will also need to submit for clearances. The clearances must say foster care. We cannot accept clearances that say Employment or volunteer. This includes:

1. FBI fingerprint criminal history check (**use code 1KG71B for foster care**) (All household members over the age of 18)
2. Pennsylvania Criminal History (**select foster care as reason**) (All household members over the age of 14)
3. Child-Line Child Abuse History (**select foster care as reason**) (All household members over the age of 14)
4. Additional clearances may be required if applicant has lived outside the State of Pennsylvania recently. Ask Foster Care Program Specialist for assistance if this applies.

As a resource parent, you will also need to complete training for **CPR/First aid, Mandated Reporting and Prudent Parenting**. Information on where to receive these trainings are enclosed with this packet. If you are unsure how to complete this process; contact me at the information below and let me know how I can help. You will also need to complete the pre-certification trainings on Foster Parent College.com. those trainings are *The Child Welfare Team, Understanding Behavior in Foster Children, Supporting Normalcy, Working Together with Primary Families; Trauma-Informed Parenting; and Working with Birth Parents: Visitation*. Once I receive your application with your email address your account will be set up an active in Foster Parent College to complete your trainings.

Please return your application and home study packet once you have completed filling them out. This way we know that you started the process, and we can send the letters out to your references, and I can review your home study packet and ask further questions if needed. Once your application is received, the agency will send out character reference letters to those listed on the application. Please provide one professional reference and two general references. Your references will have thirty days to return the completed reference form to us. Upon receipt of the references and all the required items listed above, I will then contact you to schedule your home walkthrough. During the home visit I will review your home study document with you, complete inspection of your home and complete foster care orientation and prudent parenting training. Thank you again for your interest in the Foster Care Program for Lawrence County Children and Youth Services. We look forward to working with you soon.

Sincerely,

William E Blose Jr. B.A.
Foster-Kinship Program Supervisor
Lawrence County Children and Youth Services
Phone: (724) 658-2558
Cell: (724) 923-1470
Email: bblose@cys.co.lawrence.pa.us

1001 E. Washington Street | New Castle, PA 16101 | Office: 724-658-2558 | Fax: 724-658-5503 | Website: LawrenceCountyPA.gov





COUNTY OF LAWRENCE

RESOURCE FAMILY APPLICATION

APPLICANT(S) INFORMATION

Resource Parent #1- Full Name (include Maiden if Applicable)	Date of Birth	Social Security Number
Resource Parent #2- Full Name (include Maiden if Applicable)	Date of Birth	Social Security Number

HOUSEHOLD INFORMATION

Current Address (Street, City, Township, County, Zip Code):				
Telephone Number(s): Home and/or Cell				
Resource Parent Email Address				
How Long at Current Address				
Source of Water Supply (please specify):	Municipal <input type="checkbox"/>	Private Well <input type="checkbox"/>		
	If private well, give last date tested:			
Own or Rent Home				
Do You Have General Liability or Fire Insurance Coverage (Homeowner's or Renter's Insurance Coverage) for Premises Where Care Will Be Provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Number of Bedrooms				
Police Department				
Nearest Public School				
School District				
Names of ALL Household Members (use separate sheet if necessary)	Date of Birth	Social Security Number	Relationship to Applicant(s)	School Attending

Name of Family Physician	Address	Telephone Number

Religious Preference:

Please Provide Driving Directions to Your Home from New Castle:

MARITAL INFORMATION

Resource Parent #1

Date of Marriage		Location (County & State)	
------------------	--	---------------------------	--

Marital History of Resource Parent #1 (use separate sheet if necessary)

Have you Ever File for or Completed Divorce Proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Divorce		
Location (County & State)		
Name of Former Spouse		

Resource Parent #2

Date of Marriage		Location (County & State)	
------------------	--	---------------------------	--

Marital History of Resource Parent #2 (use separate sheet if necessary)

Have you Ever File for or Completed Divorce Proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Divorce		
Location (County & State)		
Name of Former Spouse		

EMPLOYMENT INFORMATION

Resource Parent #1

Employer (address and phone number)	
Gross Bi-weekly Income (provide copies of last two pay stubs)	
Length of Employment	
Previous Employer (if less than five years at current employer)	

Resource Parent #2

Employer (address and phone number)	
Gross Bi-weekly Income (provide copies of last two pay stubs)	
Length of Employment	
Previous Employer (if less than five years at current employer)	

LEGAL ISSUES

Has Anyone Living in Your Home EVER Been Arrested?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Nature of Offense		
Date of Offense		
Location of Offense (Municipality, City, State)		
Has Anyone in Your Home EVER Been Charged with a Crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Nature of Offense		
Date of Offense		
Location of Offense (Municipality, City, State)		
Has Anyone in Your Home EVER Been Convicted of a Crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Nature of Offense		
Date of Offense		
Location of Offense (Municipality, City, State)		

Have You Ever Filed for a Protection from Abuse Order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, What Was Your Legal Name at the Time of Filing?		
Location Where Order was Filed (County, State)		
Date of Order		

Has a Protection from Abuse Order Ever Been Filed Against You?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, What Was Your Legal Name at the Time of Filing?		
Location of Filing		
Date of Order		

Have You, At Any Time, Filed for Bankruptcy (Chapter 7, 11, 12, or 13)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, What Was Your Legal Name at the Time of Filing?		
Location of Filing (County, State)		
Date of Filing		
Reason for Filing		
Have You Made the Payments According to the Arrangements Which Were Set?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the Bankruptcy Been Satisfied		
If YES, When?		
If No, When Do You Anticipate It Being Satisfied?		

Have You Ever Cared for Foster Children Before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, What Time Period? (Use separate Sheet if Necessary)		
If Yes, What Agency? (Use Separate Sheet if Necessary)		

REFERENCES

Please Provide the Names and Addresses of Three People. One Professional and Two Non-Professional. They Must Have Known You For At Least Three Years

Name	Address	Email Address

**PLEASE PRESENT ALL DOCUMENTATION WHICH VERIFIES THE INFORMATION
ON THIS APPLICATION**

The Agency reserves the right to request additional financial statements (i.e. the first two pages of the 1040/1099 income tax statement from the previous year, periodic employment verification, etc. The Agency will also require an enhanced State Police background check. Please note that the Agency may also contact employers, adult children, schools, or other person(s) who we may need to verify information provided on this application.

I/We have completed this application and the facts contained herein are true and correct to the best of my/our knowledge, information, and belief. I/We verify that false statements herein are subject to the penalties 19 PA C. S. 4909 relating to unsworn falsification to authorities. I/We further understand that any falsification of information stated above will disqualify me/us from becoming Resource Parents.

Resource Parent #1

Date

Resource Parent #2

Date



COUNTY OF LAWRENCE

Lawrence County Children & Youth Services

RESIDENCE HISTORY FORM

(Foster Parent Applicants)

PURPOSE: Bulletin #3490-05-01 issued by the Commonwealth of Pennsylvania Department of Human Services requires that agencies must obtain the applicant's previous address within the last ten (10) years. To simplify any shared addresses, use "Same" for Foster Parent #2.

Resource Parent # 1

Resource Parent #2

Address: #1: _____

Dates: _____

Dates: _____

Address: #2: _____

Dates: _____

Dates: _____

Address: #3: _____

Dates: _____

Dates: _____

Address: #4: _____

Dates: _____

Dates: _____

Address: #5: _____

Dates: _____

Dates: _____

Please use the back of this form or a separate sheet of paper if additional addresses need to be recorded.



COUNTY OF LAWRENCE

Lawrence County Children & Youth Services Medical Report on Adoptive and/or Foster Parents

Date of Exam: _____

To the Physician: This examination is required to determine whether the health of an applicant and his family will permit him to adopt/foster a child. Current health as well as future health should be considered. This medical information is for the use of this Agency only

Name of Patient: _____ DOB: _____

Is patient currently under medical treatment that would make it unwise for a child to be placed in his/her home? ___ Yes ___ No

Acute Medical conditions: _____

Chronic Medical conditions: _____

Treatment/Management of conditions: _____

Treatment compliance: _____

General Appearance: _____

Significant physical findings: _____

Past medical/mental health conditions: _____

Surgeries: _____

Present Medications: _____

Significant family history: _____

Any medications, physical, mental or emotional conditions noted that would jeopardize a normal parental role?

Patient is free from communicable disease? _____ Yes _____ No (Describe)

Physician's Signature: _____

Printed Name: _____

Date Signed: _____

Physician Address/Phone:



COUNTY OF LAWRENCE

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Surgeries: _____

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Any medications, physical, mental or emotional conditions noted that would jeopardize a normal parental role?

Patient is free from communicable disease? _____ Yes _____ No (Describe)

Physician's Signature: _____

Printed Name: _____

Date Signed: _____

Physician Address/Phone:



COUNTY OF LAWRENCE

Year: _____

LAWRENCE COUNTY CHILDREN AND YOUTH SERVICES

DISCLOSURE STATEMENT FOR RESOURCE FAMILIES [FOSTER, KINSHIP AND ADOPTIVE PARENTS]

I, the undersigned resource parent applicant, understand that pursuant to 23 Pa. C.S. 6301-6385 known as THE CHILD PROTECTIVE SERVICES LAW, the entity Lawrence County Children and Youth Services to which I have applied as a resource parent or by which I am approved as resource parent must obtain information to conduct a background check. I understand that I am responsible to provide accurate information about myself and anyone residing in my home to the entity listed above including specific changes enumerated below for each individual 18 years of age and older who reside in my home.

The reviewing and approving agency shall access and review criminal history record information, child abuse history clearances for all household members 18 years of age and older and all other required information and shall make a determination whether or not to approve any resource family home based on such information.

NAME: _____
 First Middle Maiden Last

List any aliases: _____ Date of Birth _____

Address: _____
 Street City State Zip

- I have not been convicted of any of the following crimes or the attempt, solicitation or conspiracy to commit any of the following crimes including those under Title 18 of the Pennsylvania Consolidated Statutes (“Crimes Code”) or equivalent crime in another jurisdiction.

Chapter 25	(relating to criminal homicide)
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 death of a child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902 (b)	(relating to prostitution and related offenses)
Section 5903 (c)(d)	(relating to obscene and other sexual materials and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children); or

An equivalent crime under federal law or the law of another state.

- I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.
- I have been convicted of or am under pending indictment for any crime (including the dates, location/jurisdiction, circumstances and outcome).
- I have not been the perpetrator of any report of child abuse that has been indicted or founded.
- I agree to report any changes of information in criminal history record information or child abuse history about myself or anyone 18 years of age and older who reside in my home, within 48 hours in accordance with The Child Protective Services Law.
- I agree to report any change in household composition within 30 days in accordance with The Child Protective Service Law.
- I understand that if I knowingly fall to provide the required information, I will be disapproved as a resource parent and children in my home will be immediately removed without a hearing.

I have provided accurate information relating to the following:

- Previous addresses within the last ten years.
- Composition of the resident family unit.
- Protection from Abuse Orders filed by or against either myself or co-applicant.
- Details of any proceedings in family court.
- Drug or alcohol related arrests, whether criminal charges or judicial proceedings are pending and convictions or hospitalizations within the last ten years.
- Evidence of financial stability including income verification, employment history, current liens and bankruptcies within the last ten years.
- Number and age of foster children and other dependents currently placed in the home.
- Detailed information about children with special needs currently living in the home.
- Previous history as a foster/adoptive parent including number and types of children served.
- Related education, training or personal experience working with foster children or the child welfare system.

I hereby swear/affirm that the information I provided as is listed above is true and correct to the best of my knowledge and belief. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the "Crimes Code."

Name: _____
Type/Print

Signature: _____ Date: _____

Agency Representative: _____
Type/Print

Signature: _____ Date: _____



COUNTY OF LAWRENCE

Year: _____

LAWRENCE COUNTY CHILDREN AND YOUTH SERVICES

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Name: _____
Type/Print

Signature: _____ Date: _____

Agency Representative: _____
Type/Print

Signature: _____ Date: _____



Dear Foster Parent Applicant:

Enclosed please find a copy of Lawrence County Children and Youth's Policies on Discipline, Transportation, Guns, Social Media, Foster Parent Appeals, Clean Indoor Air Act, Clothing Allotment, and Full Disclosure Rights and Responsibilities and car seat safety acknowledgement form. To be certified as a Foster Parent, you will need to review these policies and return these forms with your signature verifying that you have read and understood each.

If you have any questions about these policies, please do not hesitate to contact me. We can discuss your questions by phone or during the home study process.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink that reads "William E. Blose Jr." with a stylized flourish at the end.

William E Blose Jr. B.A.
Foster-Kinship Program Supervisor
Lawrence County Children and Youth Services





COUNTY OF LAWRENCE

Year: _____

DISCIPLINE POLICY

It is important as foster parents to familiarize yourself with the agency's discipline policy. The regulations are somewhat complicated, but the main point to remember is that **CORPORAL PUNISHMENT IS NOT PERMITTED IN THE DISCIPLINE OF ANY FOSTER CHILD.**

Foster parents must adhere to the following policy when disciplining foster children:

1. Passive physical restraint is the only allowable method of restraining a child. Passive physical restraint is the **LEAST AMOUNT** of direct physical contact required to prevent immediate harm to the child or others.
2. All abusive discipline practices are prohibited including:
 - a. use of corporal, degrading, or vindictive punishment;
 - b. punishment for bedwetting or actions related to toilet training;
 - c. delegation of discipline to other children;
 - d. denial of meals, clothing or shelter;
 - e. denial of elements of the service plan;
 - f. denial of communication with or visits by the child's family;
 - g. assignment of physical strenuous exercise or work solely as punishment.

If allegations of abuse are made concerning foster parents, the agency's policy is to remove a foster child from the foster home or develop a safety plan to ensure the safety of the child and to begin the investigation.

Any questions concerning the discipline policy should be directed to the agency director or supervisors.

We have read this policy and understand the discipline policy.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



Year: _____

FOSTER PARENT APPEAL PROCESS

Foster parents may appeal the relocation of a child from a foster family home **except** under the following conditions:

1. the child has been with the foster parents less than 6 months; or
2. the removal is initiated by the court; or
3. the removal is to return the child to his/her parents; or
4. the removal is to place the child for adoption; or
5. an investigation of a report of alleged child abuse indicating the need for protective custody and/or removal to protect the child from further serious physical or mental injury, sexual abuse or serious physical neglect.

The agency shall inform foster parents in writing that they may appeal the relocation of a child at least 15 days prior to the relocation of the child.

Foster parents who wish to appeal the relocation of a child must submit to the agency a written appeal to be postmarked no later than 15 days after the date of the notice of their right to appeal the child's relocation.

Upon receipt of the foster parent's appeal, the agency shall date stamp the appeal and submit to the Department's Office of Hearing and Appeals, P.O. Box 2675, Harrisburg, PA 17105 within 3 working days.

All parties to an appeal of a child's relocation may be represented by an attorney or other representative.

We have read the appeal process and we understand the policy.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



Year: _____

Full Disclosure Rights and Responsibilities for Resource Families

Full disclosure is a respectful and candid discussion that begins when the child is placed in out of home care and continues throughout the life of the case. The discussion is offered to the parents and child as well as other team members and stakeholders such as extended family, resource families, relative caregivers, attorneys, guardian ad litem and service providers.

Specifically, as per OCYF Bulletin 3130-12-03, as resource families you have the rights and responsibility as follows:

- To know the circumstances that led to the removal of the child from home;
- The needs of the child;
- That foster care is temporary and is not designed to be permanent;
- The permanency planning timeframes;
- The identification of the primary and concurrent goal and plans to achieve both goals;
- The legal requirement to search for relatives who would be able to care for the child (if a non-relative placement);
- Licensing requirements, training, and responsibilities of the resource family (for kin, relative, PLC homes);
- Their legal rights and responsibilities including their rights under the PA resource Family CARE Act (ACT 73 of 2005);
- What needs they may have to adequately provide for the child and what support services are available to help them;
- The child primary permanency goal (reunification, the importance of their support of that goal and that they are encouraged to consider becoming a permanency resource should reunification efforts fail).

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



COUNTY OF LAWRENCE

Year: _____

Gun Policy Statement

It is important as foster parents to become familiar with the agency's gun policy. Foster parents must adhere to the following policy regarding guns:

1. Guns must be kept in a safe place that is inaccessible to all children.
2. Guns and ammunition must be stored in separate locations.
3. Use of a gun by a child in foster care should follow any and all regulated safety guidelines as defined within Pennsylvania state law.
 - a. Proper safety training and permits should be obtained before use of any gun by a child in foster care
 - b. The Reasonable and Prudent parent standard should be administered to determine if a child in foster care should participate in gun related activity.

If the gun policy is disregarded, the Agency's policy is to remove the foster child from the home to ensure his/her safety.

We have read and understand the agency's gun policy and agree to abide by its requirements.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



Year: _____

Attachment A

CLEAN INDOOR AIR ACT COMPLIANCE AGREEMENT

I/We, the undersigned prospective/approved resource parent(s), agree to comply with the 'no smoking' provisions of the Clean Indoor Air Act whenever a child under the care and custody of the county children and youth agency, or an adjudicated delinquent youth in foster care under the supervision of Juvenile Probation, 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.

Specifically, I/we agree to the following:

- 1) No smoking by anyone, *including the child*, inside the home while the child is in the home;
- 2) No smoking by anyone, *including the child*, in the vehicle while the child is in the vehicle;
- 3) 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;
- 4) Prominently displaying a 'no smoking' sign on the home's main living level;
- 5) No providing of tobacco products to underage children or adolescents; and
- 6) 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 child is not present in the home/vehicle/detached building, I/we agree to manage environmental pollutants by observing the following guidelines:

- 1) Leaving a window open while smoking in the vehicle;
- 2) Not allowing the child to play in a detached building on my/our home property where smoking occurs; and
- 3) 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.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date

For information on the law, and to download signage, visit: www.health.state.pa.us



Year: _____

Policy Concerning the Use of Social Media

Use of social media by foster children.

1. Any use of social media by foster children must be approved by the caseworker's supervisor prior to permitting access. Guidelines and directives provided by the caseworker's supervisor must be followed.
2. You must continually communicate with the caseworker concerning the child's use of social media. You must report any problems concerning the use of social media as soon as you become aware of the problem.
3. You must make certain that the foster child understands the rules pertaining to the use of social media. You must assure that the rules are followed.
4. You must monitor the child's use of social media. All computers should be located in a common area so that you can be aware of usage. You should know what social media the child is using. Have the child give you passwords. Try to be aware of mobile device usage.
5. You should conduct periodic searches on the child's name and address to see what information or tagged photos are available online.
6. Resource parents must advise foster children of the need to be careful when using social media. Resource parents should inform the child that not everyone is who they say they are online. Tell the child not to share intimate photographs online. Also discuss cyber bullying. Tell the child to let you know if there is anything happening online that is troubling to them.

Use of social media by resource parents.

1. Discuss the use of social media with the caseworkers
2. Do not identify a child as a foster child or post the child's name or address in line or on any social network.
3. Do not post any photographs of foster children on line or on social media.
4. Do not post any information on line that pertains to a foster child. Do not post anything that involves the foster child or any fact pertaining to the child, the agency, or the circumstances of the child's placement.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



COUNTY OF LAWRENCE

Year: _____

Transportation Policy Statement

On January 23, 1987, regulations were enacted by the Department of Public Welfare which applies to all foster parents in Pennsylvania. Section 3700.89 pertains to requirements governing the transportation of foster children.

The regulation is as follows:

1. A vehicle used in transporting children shall be validly licensed and inspected under 75 PA C.S. 101-9910 (relating to the Vehicle code).
2. A person transporting children on behalf of the Agency shall possess a valid driver's license for the class of vehicle being operated, including but not limited to suspension of a driver's license or loss of automobile insurance.
3. The number of persons in a vehicle used to transport children may not exceed the passenger capacity as determined by the vehicle manufacturer.
4. Children who are younger than 4 years of age shall be transported in motor vehicles in accordance with the requirements for parents and guardians under 75 PA C.S. 4581 (relating to restraint systems).

We _____ have been informed of the Transportation requirement as defined by Lawrence County Children and Youth Services and the Pennsylvania Department of Public Welfare Code, Section 3130.89. We have been given a copy of the policy, have read it and understand it. We agree to abide by terms of the policy.

We agree that we will notify Lawrence County Children and Youth Services of any situation that arises that affects our ability to abide with this policy.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



Year: _____

Vehicle Safety Requirements-Child Safety Restraints

If you plan on fostering a child between the ages of birth to 8 years old, you are required to abide by the Pennsylvania law concerning appropriate car seat safety.

Pennsylvania Law Requires:

- Children ages 8 until 18 must be restrained in all seating positions in a properly adjusted and fastened safety seat belt system.
- Children ages 4 until 8 must be securely fastened in a booster seat.
- Children under age 4 must be securely fastened in a child passenger restraint system.
- Children under age 2 must be securely fastened in a rear-facing child safety seat
- Violation of the child restraint law is a standard offense.

75 Pa.C.S. 4581

If you do not have the required car seats at time of certification you will be required to purchase them before a child is placed in your home.

By signing you acknowledge having read and fully understand Pennsylvania law and affirm that you will follow the requirements of the law when transporting children as a requirement of your agreement as a foster family.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



Year: _____

Lawrence County Children and Youth Services Clothing Allotment Notice

Funding is available through Lawrence County Children and Youth Services to reimburse foster families when purchasing clothing for children in their care.

1. **There is a one-time emergency amount available of \$50.00** to the foster family if the foster child is coming into care for the first time. If the foster child is coming from another placement this reimbursement does not qualify. The fee will assist you in getting them clothes or diapers until your monthly stipend starts. Once you receive your stipend you are to use that money to get what you need for the foster children.
 - In order to receive reimbursement, **original receipts** must be turned in to Lawrence County Children and Youth Services.

If purchasing for multiple children, it is helpful to do separate transactions for each child.

Tape receipts to a blank paper, total sums, and turn in at the office or give to foster program care specialist.

2. Before purchasing clothes, please check with the agency to see if we have donated clothes that will fit the foster child. If we do not, then you can purchase the clothing. A child who has been in a previous home should bring all belongings with them since it was purchased for them. Please send all belongings purchased for that child with them when they leave.

If you have any questions or concerns, please contact the foster program care specialist at (724) 658-2558.

By signing this notice, you acknowledge that you understand and will abide by it.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date



COUNTY OF LAWRENCE

Authorization Agreement for Automatic Entries

Company Name: Lawrence County

I/we hereby authorize the County to initiate

- Credit Entries
- Debit Entries

And, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the above-mentioned institution to credit and/or debit the same to such account(s). I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset control.

Please attach a voided check or voided savings deposit ticket to this form and return it to the company.

Financial Institution Information:

Name: _____

City, State & Zip: _____

Routing Number: _____

Account Number: _____

Account Type: _____ Checking _____ Savings

This authorization is to remain in full force and effect until THE COUNTY has received written notification from me of its termination in such time and in such manner as to afford THE COUNTY and BANK a reasonable opportunity to act on it.

Full name (First, middle, last) – Please Print

E-mail _____
(will be used to notify you when
Direct Deposit is made)

Social Security Number

Signature: _____

Date: _____

Phone Number: _____



Resource Parent Facts

Resource Parents must meet the following basic requirements:

1. 21 years of age
2. If in a couple-together for over 2 years
3. Complete a medical exam and be free of contagious disease
4. Obtain state police, PA child abuse history and FBI clearances
5. Have a separate bed and dresser/closet for each foster child
6. Be able to provide care, nurturing, and supervision to children
7. Have smoke alarms on each level of home
8. Have a fire extinguisher in the kitchen
9. Have a well test if necessary
10. Complete a CPR/First aid course prior to any placement

Facts about Children in Placement

Children in foster care with Lawrence county children and youth services are between the ages of 0 and 18 years. They may be in placement 24 hours, several days, 6 months or longer. Children come into placement because they have been abused or neglected by their parents or caregivers.

As resource parents, you may request the age of the child most suited to your family. The agency can place not more than 3 children in your home at a time. There can be no more than 6 children in your home (this includes your children and foster children)

Children in placement are covered by medical assistance or another form of HMO. You are **NOT** responsible for any medical costs.

The foster parent per diem rates are:

0-11 years	\$27.00 per day
12-18 years (up to 21)	\$30.00 per day
Special Rates	\$22 per day
Emergency Rates	\$30 per day

In addition, the children receive a one-time emergency clothing allowance of \$50.00.



NO

SMOKING



NO

VAPING

RESOURCE FAMILY CARE ACT

Act of Nov. 22, 2005, P.L. 404, No. 73

Cl. 67

AN ACT

Providing for certain responsibilities of county and private agencies regarding resource families.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Resource Family Care Act.

Section 2. Legislative intent.

The General Assembly recognizes and values the important service provided by resource families in caring for children and youth within the foster care system. It is the intent of the General Assembly to ensure that persons serving as resource families are treated equitably and with consideration and respect as a means of reinforcing productive and responsible interaction among all parties involved in protecting the safety and well-being of these children.

Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"County agency." The county children and youth social service agency established pursuant to section 405 (relating to powers and duties of local authorities as to children) of the act of June 24, 1937 (P.L.2017, No.396), known as the County Institution District Law, or its successor, and supervised by the Department of Public Welfare under Article IX (relating to departmental powers and duties as to supervision) of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Private agency." A children and youth social service agency subject to the requirements of 55 Pa. Code Ch. 3680 (relating to administration and operation of a children and youth social service agency).

"Resource family." A family which provides temporary foster or kinship care for children who need out-of-home placement and which may eventually provide permanency for those children, including as an adoptive family.

Compiler's Note: The short title of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code, referred to in this section, was amended by the act of December 28, 2015 (P.L.500, No.92). The amended short title is now the Human Services Code.

Compiler's Note: The Department of Public Welfare, referred to in this section, was redesignated as the Department of Human Services by Act 132 of 2014.

Section 4. Responsibilities of county and private agencies.

County and private agencies shall provide the following to resource families:

(1) Notification of scheduled meetings by the county or private agency concerning a child residing with a resource family in order to actively participate and have input into the service and permanency planning process regarding the child.

(2) Support services to assist in the care of the child, consistent with the child's approved permanency plan.

(3) Open, complete and timely responses from the county or private agency when contacted by the resource family regarding the role of the resource family and the care of the child.

(4) Information about the child's medical history, general behavior and relationship with his or her parents shall be provided to the resource family as soon as that information is obtained by the county or private agency. Within a reasonable amount of time the agency shall also provide information to the resource family concerning the educational history, life experiences and previous and prospective placement circumstances of the child.

(5) Consultation with the resource family in the development of the permanency plan.

(6) Consultation with the resource family in the decision to release the resource family's address to the child's parent and to be informed prior to such information being shared with the child's parent.

(7) Assistance with the coordination of services that may be deemed necessary due to resulting family loss and separation upon a child's departure from the resource family's home when such relocation is not the result of an immediate threat to the health and safety of the child caused by the resource family.

(8) Information on all county or private agency policies and procedures that relate to the role of a resource family.

(9) Any appropriate training deemed necessary to enhance the skills and performance of the resource family.

(10) Information on how to receive services and reach county or private agency personnel on a 24-hour-a-day, 7-day-a-week basis.

(11) Confidentiality regarding allegations of abuse involving a member of the resource family. The provision of confidentiality shall not interfere with the safety of the child.

(12) Opportunity to be heard regarding agency decisions or practices involving a child residing with the resource family. The agency shall not discharge, threaten or otherwise discriminate or retaliate against a resource family for an appropriate inquiry regarding the decisions or practices of an agency that affect a child residing with the resource family.

Section 5. Copy of responsibilities of county or private agencies to be provided.

All resource families shall be given a copy of the responsibilities enumerated in this act by the appropriate county or private agency upon approval as a resource family.

Section 6. Effective date.

This act shall take effect in 60 days.



Dear Foster Parent Applicant:

Early Learning Resource Center is able to offer subsidized day care services for any foster child placed in your home if your work limits your availability during the day.

In order to take advantage of these services, you need to call 724-285-9431 and explain that you are a certified foster parent for Lawrence County Children and Youth Services. In addition, you will have to obtain a letter from your caseworker stating that the child in your home is a foster child and that they can be placed in day care. This cost is **NOT** based on your income. The co-payment for you will be **\$5.00 per week**.

I hope that this information is helpful to you. Please contact me if you have any questions about the eligibility for the subsidy. Thank you.

Sincerely,

William E Blose Jr. B.A.
Foster-Kinship Program Supervisor
Lawrence County Children and Youth Services





EARLY LEARNING RESOURCE CENTER 3

OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING
139 Rieger Road • Butler, PA 16001

Armstrong, Beaver, Butler, Indiana and Lawrence Counties

The Early Learning Resource Center (ELRC) provides families, early learning service providers, and communities access to information and services that support high-quality child care and early learning programs.



Child Care Works (CCW) is a subsidized child care program that helps low-income families pay their child care fees. We can also help find quality early learning programs that may meet their needs.



Keystone STARS is Pennsylvania's Quality Rating and Improvement System (QRIS). A QRIS is a continuous quality improvement systemic approach to assess, improve, and communicate the level of quality in early learning and school-age care programs.



EARLY LEARNING RESOURCE CENTER 3

Serving:
Butler, Indiana, and Lawrence Counties

Location: 139 Rieger Road
Butler, PA 16001

Phone: 724-285-9431

Toll-Free: 888-864-1654

Fax: 724-285-7320

Serving:
Armstrong and Beaver Counties

Location: 402-2 Birch Way
Beaver, PA 15009

Phone: 724-847-0145

Toll-Free: 800-322-0604

Fax: 724-847-1693



724-285-9431 or Toll Free: 1-888-864-1654



COUNTY OF LAWRENCE

Resource Family Home Study

Resource Family Name:

Resource Family Address:

Directions to Home:

Resource Parent #1 Personal History

Name: _____ DOB: _____

Maiden Name: _____

City/ State of Birth:

Where were you raised:

Who primarily raised you:

Father's Name: _____ DOB: _____

Mother's Name: _____ DOB: _____

Mother's Maiden Name: _____

Are your parents still living? Y N
Were your parents married? Y S D
(Please specify dates)

Childhood Experience

Describe yourself as a child:

What was your relationship like with your siblings during your childhood? Has this changed, how?

Where did you grow up?

Where did you attend school? Did you graduate, when? Any further education or training?

Describe your favorite memories as a child:

Describe some hardships you may have experienced as a child:

What were the rules in your family?

What did discipline look like in your household?

What are your feelings on discipline? How will you discipline foster children in your home?

Employment

Are you currently employed outside of the home? Y N
If yes, where and for how long?

How many hours do you work per week? _____

Do work hours pose a problem with child-care for a foster child if placed in your home?

How much flexibility do you have with your work schedule? How flexible is your employer in case of an emergency?

Do you plan on any career or job change in the near future? Y N
If yes, please explain:

Marital History

Is this your first marriage? If not, please give prior spouses names, dates of marriage and dates of divorce:

How did you meet your spouse?

When did you get married and where (city and state)?

Describe your spouse: (likes/dislikes, personality, temperament)

What are your similar interests?

What are the strong points in your marriage?

How often do you and your spouse argue?

What are the areas of disagreement?

How do you resolve problems or conflicts in your marriage?

Do you agree on child-rearing and discipline?

What do you admire most about your spouse?

Describe your responsibilities in the household:

Self

Describe yourself (likes/dislikes, personality, temperament):

Why do you want to become a kinship resource:

Do you have any natural supports that will help you throughout and after the process?

What experience if any have you and/or your family experienced solving or dealing with a stressful situation? How did you manage the stress it caused?

What impact did this experience have on your family?

Does your family have any specific issues surrounding physical or mental illness? (Explain thoroughly)

Health

Describe your health:

Do you have any chronic conditions?

Have you been hospitalized in the last 7 years?

Are you currently taking any Medications?

Have you ever been physically, sexually or emotionally abused/assaulted? Y N
If yes, approximately when did this occur?

Was the abuser a relative, friend, spouse, caregiver, stranger?

What medical treatment, counseling, legal action, and/or support was made available to you?

How does this affect your life presently?

Have you ever required counseling or psychiatric care? If yes, please explain when and the reason for care.

Resource Parent #2 Personal History

Name: _____

DOB: _____

Maiden Name: _____

City/ State of Birth:

Where were you raised:

Who primarily raised you:

Father's Name: _____

DOB: _____

Mother's Name: _____

DOB: _____

Mother's Maiden Name: _____

Are your parents still living?	Y	N	
Were your parents married? (Please specify dates)	Y	S	D

Describe your parents. What were they like? Did they work? Who were you closest to and why?

How did your parents express affection?

Describe some personal values held by your parents or primary care givers:

Do any of these describe your own personal values? Which ones? Can you think of any others that are not on your parents' /care givers' list?

Do you have any siblings? Y N

If yes, how many and list their names and where they presently live:

What is your birth order: number _____ of _____ children

Do you have contact with any of your family members? Y N
If yes, who and how often do you see or speak to them?

Childhood Experience

Describe yourself as a child:

What was your relationship like with your siblings during your childhood? Has this changed, how?

Where did you grow up?

Where did you attend school? Did you graduate, when? Any further education or training?

Describe your favorite memories as a child:

Describe some hardships you may have experienced as a child:

What were the rules in your family?

What did discipline look like in your household?

Employment

Are you currently employed outside of the home? Y N
If yes, where and for how long?

How many hours do you work per week? _____

Do work hours pose a problem with child care for a foster child if placed in your home?

How much flexibility do you have with your work schedule? How flexible is your employer in case of an emergency?

Do you plan on any career or job change in the near future? Y N
If yes, please explain:

Marital History

Is this your first marriage? If not, please give prior spouses names, dates of marriage and dates of divorce:

How did you meet your spouse?

When did you get married and where (city and state)?

Describe your spouse: (likes/dislikes, personality, temperament)

What are your similar interests?

What are the strong points in your marriage?

How often do you and your spouse argue?

What are the areas of disagreement?

How do you resolve problems or conflicts in your marriage?

Do you agree on child-rearing and discipline?

What do you admire most about your spouse?

Describe your responsibilities in the household:

Self

Describe yourself (likes/dislikes, personality, temperament):

Why do you want to become a kinship resource:

Do you have any natural supports that will help you throughout and after the process?

What experience if any have you and/or your family experienced solving or dealing with a stressful situation? How did you manage the stress it caused?

What impact did this experience have on your family?

Does your family have any specific issues surrounding physical or mental illness?
(Explain thoroughly)

Health

Describe your health:

Do you have any chronic conditions?

Have you been hospitalized in the last 7 years?

Are you currently taking any Medications?

Have you ever been physically, sexually or emotionally abused/assaulted? Y N
If yes, approximately when did this occur? _____

Was the abuser a relative, friend, spouse, caregiver, stranger?

What medical treatment, counseling, legal action, and/or support was made available to you?

How does this affect your life presently?

Have you ever required counseling or psychiatric care? If yes, please explain when and the reason for care.

(Resource Parent 2 Ends Here)

Either Parent can continue below with the next section

Children

Please list any children currently living in your home:

Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

Please list any children currently living outside of your home:

Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

Briefly describe your children's personalities:

What are the things you like most about being a parent?

What do your children do that upset you the most?

What do you do when you are upset with your children?

What are your expectations of your children?

Describe your relationship with your children:

How do your children feel about the possibility of having foster children placed in your home and/or possible adoption?

What things do you feel you could absolutely not accept in a child?

Pets/Animals

Do you have indoor pets? Y N

Please list if yes: _____

Do you have outdoor pets? Y N

Please list if yes: _____

Home and community

Describe your home:

Describe your neighborhood:

What is the nearest Hospital? How far?

Describe your community involvement (church attendance, social organizations, school involvement, politics, etc.):

Activities, Hobbies & Interests

Circle all that Apply:		
Camping	Watching Movies	ATV/Motorcycle Riding
Card Playing	Reading	Swimming
Bike Riding	Game Playing	Picnicking
Cooking	Other:	Other:
Other:	Other:	Other:
Other:	Other:	Other:

Does anyone in your household smoke? Y N

Does anyone in your household drink alcohol? Y N

If yes, how often?

Has anyone in your family ever had a problem with drug or alcohol abuse? Y N
If yes, please explain (when, treatment, outcome):

Childcare

Do you anticipate any problems providing supervision for a child? Y N

Do you rely on anyone outside of daycare to provide care for your children? Y N
If yes, please provide the following:

Daycare Provider: _____ Telephone: _____
Address: _____ Days/Hours: _____

If needed, what type of child-care do you plan to use?

If an individual person is used for child-care, please provide the following:

Name: _____

Address: _____ Telephone: _____

Does this person have ChildLine and PA State Clearances? Y N

If yes, copies may be obtained and kept in Resource parent file

If no, Resource Parent must use the Reasonable and Prudent Parent Standard to determine care provided by non-certified individuals

Finances

Approximate monthly income: _____

Major Expenses: _____

Rent/Mortgage: _____

Car Payments: _____

Loans: _____

Credit Cards: _____

Other: _____

Is family living within their means? Y N

If no, explain:

Type of Child Preferred (please circle):

Physical Abuse	Emotional Disability	MH Diagnosis
Alcohol Exposed	HIV	Multiple Placement Hx
Drug Exposed Infant	Intellectual Disability	Neglect
Physical Disability	Runaway Hx	Sexual Abuse
Special Education Student	Special Medical Care	Siblings: # _____

Race:

White/Caucasian	Asian
Black/African American	Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native	Unable to determine

Ethnicity:

Hispanic	Non-Hispanic	Unable to Determine
----------	--------------	---------------------

Gender:

Male	Female	Either
------	--------	--------

Age Range:

Between _____ to _____ years

Number of Children:

Single Child Siblings- max # _____

Agency Representative

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ **Go to www.irs.gov/FormW9 for instructions and the latest information.**

See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Exemption from FATCA reporting code (if any) _____
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Other (see instructions) ▶ _____					
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)		
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																											
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



10 Years' Earning Records

We are required by the Department of Human Services to verify and document the past 10 years' income for each foster parent.

To obtain your earnings statement, you must first create a **My Social Security** account. It's quick and easy...just follow these steps:

- Go to **SSA.gov**
- Click on Social Security statement
- Click on the top right corner "**sign in/up**"
- Click on **my social security**
- Click on sign in or create account
- Follow steps to create account
- After establishing your account, you can immediately access your "Earnings Record" and "Print/Save your Full Statement"



Clearance Registration

1. **Pa State Police- MUST BE COMPLETED FOR ALL HOUSEHOLD MEMBERS 14 YEARS AND OLDER (\$22.00)**
 - a. Go to <https://epatch.state.pa.us/Home.jsp>
 - b. Click on Submit a New Record Check Button
 - c. Accept terms
 - d. Click "Individual Request" and Continue
 - e. Fill out Requestor Information (This will be your own info) and Continue
 - f. Verify info and Click "Proceed"
 - g. Fill out Record Request Form and click "Enter this Request"
 - h. Enter Payment info and Submit
 - i. Record should be available to print. If not, print out the page showing information requested.

2. **Pa Child Abuse- MUST BE COMPLETED FOR ALL HOUSEHOLD MEMBERS 14 YEARS AND OLDER (\$8.00)**
 - a. Go to <https://www.compass.state.pa.us/cwis/public/home>
 - b. Click on "Create Individual Account"
 - c. If you already have an account, Skip to Step h.
 - d. Click "Next"
 - e. Follow Instructions to Create Account
 - f. Follow Instructions to change temporary password
 - g. Once password has been updated, return to <https://www.compass.state.pa.us/cwis/public/home>
 - h. Click on "Individual Login"
 - i. Click on "Access my Clearances"
 - j. Log-in with Account I.D. and password
 - k. Click on "Create Clearance Application"
 - l. Click "Begin"
 - m. Click option "Foster Parent" then Click "Next"
 - n. Fill out or update "Applicant Information" then click "Next"
 - o. Fill Out "Current Address" page (Optional to have paper version sent to home)
 - p. Fill out "Previous Address" page then Click "Next" (Only use addresses that you have considered to be permanent addresses. School addresses typically are only temporary and would not need to be included)
 - q. Fill out "Household Members" for people that have lived in previous page addresses with applicant. Click "Next"
 - r. Review then Click "Next"
 - s. Fill out E-Signature then click "Next"
 - t. Click "No" on Application Payment page then click "Make a Payment"
 - u. Enter Payment Information then Click "Pay Now"

- v. **Follow Instructions to print out confirmation number.**
- w. **Results will come back within a few weeks which can be accessed using your log-in information or wait for mailed copy.**

3. FBI Clearance- MUST BE COMPLETED FOR INDIVIDUALS IN THE HOUSEHOLD 18 YEARS AND OLDER (\$22.60)

- a. **Register through the website listed below.**
- b. **Use the service code which applies to the category for which you belong.**
- c. **Fingerprint locations can be looked up through the below website.**
- d. **Once clearances are received by mail, turn them in to agency for approval.**

Appointments to be fingerprinted are not required, but **pre-registration** is required. Once registered, you may walk-in during a location's posted hours of operation, but scheduling an appointment may lead to lesser/no wait times. In order to pre-register for a FBI background check and/or find a fingerprinting location, applicants should access <https://www.identogo.com/>. IDEMIA uses service codes when identifying the authorized purpose for why an applicant is being fingerprinted. This ensures applicants are processed for the correct purpose and agency. Service codes are a required field for all pre-registrations, and the Department of Human Services' (DHS) codes are provided below. If an applicant does not have a service code, this information will also be available on KeepKidsSafe.pa.gov, under "GET A CLEARANCE." In addition, a service code look-up tool will be available on the PASafeCheck website (uenroll.IdentoGO.com) on 11/28/17 by following the registration question prompts.

Below are the service codes available for applicants applying under the DHS:

Service Code	Applicant Type	Department
1KG71B	Foster Parent	Department of Human Services
1KG72V	Prospective Adoptive Parent	Department of Human Services
1KG76Q	Individual >=18 Years in Foster Home	Department of Human Services
1KG774	Individual >=18 Years in Prospective Adoptive Home	Department of Human Services

Fingerprint Service Code Form

Service Name: Foster Parent

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

1KG71B

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**



CPR/First Aid on-line Instructions

1. Go to website

<https://www.nationalcprfoundation.com/courses/standard-cpr-aed-first-aid/>

2. Sign up for class (upon completion of the course and passing the exam you'll receive your certificate and temporary wallet card onsite and via email)
3. You'll need to submit a copy of your certificate and wallet card to me before licensing can be approved

CPR/1st Aid classes

Please reach out to one of these providers listed here to receive in class CPR/1st Aid training:

Kems Training Center -PO Box 5532 New Castle, Pa 16105 (724-856-2163)

- Currently doing in-home training until groups can be done again

NOGA Ambulance Services- 1060 Butler Ave. New Castle, Pa 16101 (724-652-6677)
2615 Wilmington Rd. New CASTLE, Pa 16105 (724-652-6677)

UPMC Jameson- 1211 Wilmington Ave. New Castle, Pa 16101 (724-658-9001)

You can also reach out to your local fire department or the Red Cross for other training sites. We do provide classes here at CYS through a partnership with Children's Advocacy Center. Please check with us monthly for any scheduled dates.

Please follow these instructions to complete training:

4. **Sign up for class (upon completion of the course and passing the exam you'll receive your certificate and temporary wallet card onsite and via email)**
5. **You'll need to submit a copy of your certificate and wallet card to me before licensing can be approved**

Any questions call me at 724-658-2558 or bblose@cys.co.lawrence.pa.us

Thank you

William E Blose Jr B.A.
Foster-Kinship Program Supervisor

1001 E. Washington Street | New Castle, PA 16101 | Office: 724-658-2558 | Fax: 724-658-5503 | Website: LawrenceCountyPA.gov





Mandated Reporting/Prudent Parenting

Before you can be licensed you will need to complete the mandated reporting training (3 hours credit) and the Prudent Parenting training (1-hour credit). These trainings can be completed online. Once complete please print out the certificate and return to our office with your application.

Mandated Reporting go to:

<https://www.reportabusepa.pitt.edu>

Prudent Parenting Training go to:

How to access online trainings:

- 1. Obtain your username and password by emailing helpcwtp@pitt.edu
- 2. Go to www.e-learn.pitt.edu
- 3. Enter your username and password. If you wish to change your password-click on **Edit Profile**.
- 4. Click on the **Course Catalog** icon at the top of the screen.
- 5. Scroll down to **1969: Overview of Reasonable and Prudent Parenting and Public Law 113-183**.
- 6. Click on the **Clipboard Icon** at the right of the screen to enroll in the course.
- 7. To receive a certificate of completion, you will need to complete the course, as well as complete the evaluation. Once the evaluation is completed, you will see a certificate of completion that you will be able to print out for your records





Year: _____

Resource Providers and Agency Agreement

The following agreement is made between duly approved Resource Parents in the County of Lawrence hereinafter referred to as "Resource Parents" and the Children and Youth Services of Lawrence County hereinafter referred to as the "Agency."

The effective term of the Agreement shall be from the date of the signatures to the date the Resource Parents Home is either closed or placed on inactive status. This Agreement may be replaced by an amended or revised Agreement.

A. General Terms of Agreement

1. The Resource Parents shall provide 24 hour per day, 7 days a week resource care within the requirements of the regulations of the Department of Public Welfare (Chapter 3700) and the adopted policies of the Agency and the terms of the Agreement.
2. Foster Care is a temporary service offered by Children and Youth Services via Resource Parents. The Agency and the Resource Parents shall work mutually in the provision of this service for children needing such service.
3. Resource Parents will be governed by the same rules of confidentiality as the Agency. All information which the Resource Parents receive from the Agency is extremely confidential and must be maintained with members of the immediate family only. However, information shared with Resource Parents' own children will be restricted depending on the children's age and what is actually necessary for them to know. Information will not be shared with relatives (including the Resource Parents' parents, aunts, uncles, cousins, or siblings,) friends, neighbors, or acquaintances.

In some instances the Resource Parents will be involved with other Agencies and Service Providers in regard to their Children. Resource Parents' communications with these people and organizations shall vary depending on the child in placement. Resource Parents should disclose only that information which is necessary to aid the Agencies in providing their service to the child.

4. The Agency shall reimburse the Resource Parents a per diem rate payable on a monthly basis at the following rates:

Ages 0 through 11..... \$27.00 per day.

Ages 12-18 (up to 21).....\$30.00 per day.

Emergency Rates.....\$30.00 per day.

Specialized Rates.....\$22.00 per day.

Each long term child shall receive a quarterly clothing allowance dependent upon his or her age. Resource Parents are to purchase this clothing for the child by:

- Purchasing the clothing from stores and turning in the receipts for reimbursement to the equivalent amount of the allowance.

5. The Agency is responsible for the cost of each of the Foster Child's medical costs. Most children in placement receive a medical card from the County Board of Assistance. This Medical Card will cover all or most of the child's medical costs. Any cost not covered by the Medical Card will be paid by the Agency...pending pre approval.

6. The agreement may be modified or amended. This Agreement may be amended or terminated unilaterally by either party upon thirty – (30) days written notice. This Agreement may be terminated by the Agency over the objections of the Resource Parents for violation of policy, regulations, or other actions or omissions, which jeopardize the provision of Foster Care.

B. Articles of Agreement

1. Resource Parents must comply with all the regulations established by the Department of Public Welfare in regards to Resource Parents (Chapter 3700). These include personal, residence, and safety requirements. There are also regulations in regard to the children's health care, disciplinary methods, and Resource Parents training's that must be adhered to.

2. Each child shall be given the benefit of a well-balanced nutritious diet. Special dietary requirements of the child will be the responsibility of the Resource Parents. If necessary, the Agency will assist in the purchase of specially required foods.
3. Resource Parents will be responsible for transporting the children in placement to and from appointments needed for the child's physical and emotional well-being. The Resource Parents will be reimbursed for mileage at the rate of .2875. The mileage tracking begins after the completion of the 30th mile. Maximum mileage reimbursement is 120 miles per trip. If necessary and only in emergency situations the Agency will assist with transportation.

C. Medical

1. Resource Parents may give consent for routine non-serious medical treatment for each child. They may also give consent in extreme emergency situations in which there is no time to consult the Agency or the child's biological parents. Whenever possible and necessary, the Agency, after consultation with the child's biological parents, will have final approval of the child's treatment.
2. Resource Parents will keep a record of each child's medical and dental appointments. This will include name of doctor, date of appointment, reason for appointment, diagnosis, and prescribed treatment. This information will be relayed to the Agency.
3. Resource Parents will consult with the Agency in regards to the doctors or medical facilities the child in placement should be taken to for their appointments.
4. Resource Parents will report to the Agency any and all emergencies or unusual incidents as soon as possible. Also, any questions or concerns will be directed to the Agency for consultation, Agency phone numbers are:

8:00 AM to 4:00 PM Monday through Friday (724) 658-2558
After hours, weekends and Holidays (724) 656-9300.

5. Each child shall be given the benefit of an education as required by Pennsylvania School Law. The Resource Parents will be responsible for entering each child in school. Resource Parents will also be responsible for the attendance and maintenance of the child's education. Resource Parents will make decisions for the child in regards to daily school activities, absences and related school matters.
6. Discipline is a system for shaping and changing behaviors. Resource Parents shall utilize a system of discipline involving positive reinforcement and encouragement for desired behavioral changes. The use of physical punishment is forbidden. Resource Parents may use passive physical restraint in necessary.

Resource Parents and the Agency will regularly communicate on the issues of discipline in accordance with the discipline policy dictated by the Department of Public Welfare Regulations. Training will be provided by the Agency to assist in the area of discipline.

7. Each Resource Parents is required to participate in a minimum of six (6) hours of Agency approved training each year of certification. The subjects of the training shall meet the needs of the Resource Parents.
8. The Agency shall visit the child and the Resource Parents at least once per month. When a Resource Family currently does not have children in placement, Agency visits may be replaced by monthly phone contacts at the discretion and agreement of both Agency and Resource Parents.
9. Resource Parents will cooperate with visits and other contacts between their Foster Children and the children's natural parents. The visits will be coordinated by the Agency.
10. Whenever a child is removed from his/her home, the Agency is required to complete a service plan designed to accomplish the child's placement goal. The Agency shall inform the Resource Parents of the purposes and goals of this plan and ask for their input.
11. Each calendar year the Agency shall complete an evaluation of each Resource Family. The evaluation shall contain the requirements of Resource Homes according to the Department of Public Welfare Regulations.

12. At the time of placement of a child into Foster Care, the Agency will provide the following information either verbally or in written form to the Resource Parents with sixty (60) days. If the information is known and available to the Agency:

- a. Social History
- b. Medical History
- c. Likes, dislikes, and special interests
- d. Religious Affiliation
- e. School adjustments and performance
- f. Circumstances which led to placement
- g. Relationship with natural family
- h. Placement plan

13. The Agency and Resource Parents will be subject to compliance with all requirements of the Department of Public Foster Care Regulations, Chapter 3700, Sections 1 through 73.

We agree to abide by the terms and articles of this Agreement.

Resource Parent

Date

Resource Parent

Date

Foster-Kinship Program Supervisor

Date