

KEEPING KIDS SAFE, INC.
417 N Main St.
Findlay, OH 45840

FOSTER HOME CHANGES

Foster Home Name(s): _____

Present Address: _____

Phone Number: _____

Please check the box for the appropriate change and complete the required information:

Occupancy Change (this includes pregnancy & adoptions) **Per ORC 5101:2-5-32 & OAC 5101:2-7-14**

I understand any person moving in is required to have a medical completed and any person over the age of 18 is required to have a BCII & FBI check.

Name of Person moving in: _____

Anticipated date: _____

Age and Relationship to family: _____

Name of person moving out: _____

Anticipated Date: _____

Son/Daughter turning 18 yrs and remaining in the home. **Per ORC 5101:2-5-32 & OAC 5101:2-7-14**

I understand my son/daughter is required to have a BCII & FBI check completed upon their 18th birthday

Name & Date turns 18yrs.: _____

BCII & FBI need to be completed

Address Change **Per ORC 5101:2-5-30** I understand a 4 week notice is required and I must have a fire inspection completed and the residence must be inspected and approved by an agency representative.

Date I intend to move: _____ New Phone Number: _____

New Address: _____

Marital Status Change **Per ORC 5101:2-5-30 & OAC 5101:2-7-14**

Date of Marriage: _____ Anticipated Date of Divorce: _____

Serious Illness / Death in the household **Per OAC 5101:2-7-14**

Name of person ill or deceased: _____

Illness / treatment needed: _____

Date became aware of illness / deceased: _____

Criminal offense charge / conviction Per ORC 5101:2-5-091 & OAC 5101:2-7-14

Notification is required in writing WITHIN 24 hours.

Has there been a criminal charge Yes No - If so, what? _____

Has there been a criminal conviction Yes No - If so, what? _____

Has child 12-18 been charged/convicted or plead guilty to any offense Yes No

Has a child 12-18 been adjudicated delinquent? Yes No

Answered yes to any of the above, explain: _____

Failure to comply will result in rule violations and/ or possibly removal of foster child/children.

Foster Parent Signature(s):

Foster Parent #1 Date: _____

Foster Parent #2 Date: _____

Date Agency Received this Notice: _____