



togetherforbetter

Family Services

Your Calling to Foster

**Become a foster parent and
help our children reach their full potential.**

**Foster Care Information: 702.455.0181
clarkcountyfostercare.com**



Foster Parent Document Checklist

Welcome future Foster Parent to the start of your DFS Licensing process. Documents are an important part of your licensing process and required to be current and accurate. Submission of items PRIOR to the start of Foster Care Training supports timeliness in completing the licensure process.

Documents can be provided to DFS Foster Care Team via:

1) Email: DFS FosterCareDocs@ClarkCountyNV.gov

2) Deliver or Mail:

1850 E. Flamingo Road, Suite 235, Las Vegas, NV 89119

ATTN: Allyson Manumaleuna/Laura Steeps

INITIAL DOCUMENTS

- Universal Application **Completed, signed, and dated by each Applicant.*
 - Page 2: Seven (7) references required to include email or mailing address for each reference.
 - Page 3: Complete question #5 and list any/all history of violations, arrest, charges.
- Social Security Card **Required for each Applicant.*
- Driver's License **Color copy of front/back of DL required for each Applicant.*
- Disclosures **Signed by each Applicant.*
- Release of Information **Signed by each Applicant.*
- Statement of Understanding **Signed by each Applicant.*

MEDICAL/HEALTH

- TB Skin Test Results **Required for each Applicant.*
- TDAP (Whooping Cough) 10-year Booster **Required for each Applicant for placement of ages 0-1 years old.*
- Medical Exam **Required for each Applicant to be completed within preceding 12 months by a Licensed Physician.*
- Immunization Records of all children in Household
- Pet Vaccination Records

SAFETY

- Carbon Monoxide Detector **Receipt of purchase or photo.*
- CPR Certification **Required In-Person Training.*
- Fire Extinguisher Type 2A 10BC or larger **Receipt of purchase or Current service order.*
- Fire Ladder **Receipt of purchase. One (1) required on each floor of 2 story home or higher.*

HOUSEHOLD

- Residence Verification **Rental Agreement, Mortgage Statement or Proof of Home Ownership*
- Residence Insurance **Required for Homeowners/Optional for Renters.*
- Photo of all Household Members and Pets **Color photo required.*
- Floor Plan of Home **Plan of each floor of home.*
- Emergency Disaster Plan – Appendix B
- Auto Insurance **Current card/policy.*
- Marriage Certificate or Divorce Decree



FINANCIAL

- Income Verification *Three (3) current payment stubs.
- Bankruptcy Disposition *Court documents or Written statement.

ADDITIONAL ONLINE TRAININGS

- Child Passenger Safety - Part 1 *Certificate required for each Applicant.
 - Child Passenger Installation Certificate - Part 2 *Certificate required for each Applicant.
- Emergency Preparedness *Certificate required for each Applicant.
- Normalcy *Certificate required for each Applicant.
- Water Safety *Certificate required for each Applicant.

NON-PRIMARY APPLICANT

*Required for any Household member 18 years or older (not including primary applicants).

- Universal Application
 - Page 2: Seven (7) references required to include email or mailing address for each reference.
 - Page 3: Complete question #5 and list any/all history of violations, arrests, charges and outcomes.
- Social Security Card
- Driver's License *Color copy of front/back of DL
- Disclosures *Signed by Non-Primary.
- Release of Information *Signed by Non-Primary.
- Statement of Understanding *Signed by Non-Primary.
- TB Skin Test: Negative Results
- Auto Insurance Card/Policy *Required if Non-Primary will be transporting any foster child placed in the household.



Important Items

ITEMS REQUIRED TO BE PURCHASED OUT-OF-POCKET

- Carbon Monoxide Detector
- Fire Extinguisher *Type 2A 10BC or larger
- Fire Ladder *Required for 2 story homes or higher and apartments on 2nd floor or higher
- Car Seat *specific to age of infant/child(ren) per license
- Bed(s)/Crib *specific to number and age of child(ren) per license

INFORMATION FOR ADDITIONAL ONLINE TRAINING

- Visit Just In Time Training Network at <https://www.jittrainingnetwork.org/>
 - Click on "Create Account or Sign In"
 - Click Create Account and answer questions for access.
 - Note: couples need to establish a joint account for access to online training.
- Account access can take 1-2 days before approval.
- Training must be viewed in its entirety to complete quiz and receive completion certificate.
- Print certificate upon completion and submit with documents.
- Just in Time Training Technical Support:
 - Email: JITSupport@usf.edu
 - Frequently Asked Questions <https://www.jittrainingnetwork.org/faq>

ONLINE REQUIRED TRAINING(S):

- Child Passenger Safety *Part 1: Required for each Applicant.
- Emergency Preparedness *Required for each Applicant.
- Normalcy *Required for each Applicant.
- Water Safety *Required for each Applicant.

Recruitment, Development & Support Team

SUPERVISOR

Allyson Manumaleuna, MSW Phone: 702.455.1711

FAMILY SERVICES SPECIALISTS

- Laura Steeps Phone: 702.455.1211
- Lynne Jasames Phone: 702.455.8954
- Beth Hoff Phone: 702.455.8150
- Yadira Castillo-Martinez Phone: 702.455.2849
- Jessica Cortez Phone: 702.455.8547
- Lucinda Walls Phone: 702.455.5312

FAMILY SERVICES TECHNICIAN

- Fabiola Hernandez Phone: 702.455.6765





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Family Services

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

SAMPLE UNIVERSAL APPLICATION

APPLICATION FOR:

[X] FOSTER CARE [] SPECIALIZED FOSTER CARE [] NON PRIMARY [] ADOPTION [] ICPC

[] RELATIVE/SPECIFIC - NAME OF CHILD(REN):

APPLICANT #1 INFORMATION

Form fields for Applicant #1: Last Name: Jones, First Name: Alisha, Middle Name: Kim, Date of Birth: 12/14/1975, Place of Birth: Chicago, Illinois, USA, SSN: 123-01-4420, Driver's License and/or State ID #: 0011221133, State: NV, Are you a US Citizen? [X] Yes [] No, Legal Resident? [] Yes [] No, If yes, Resident #: Physical Address: 1850 E Flamingo Rd, City: Las Vegas, State: NV, ZIP Code: 89119, Email Address: Jones.Kim@gmail.com, Phone: 702-455-5555, Primary Language: English, Which language(s) do you speak fluently? English, Race: [X] Caucasian [] Native American [] Asian [] African American [] Native Hawaiian/Pacific Islander, Ethnicity: [X] Non-Hispanic [] Hispanic/Latino

APPLICANT #1 EMPLOYMENT INFORMATION

Form fields for Applicant #1 Employment: Current Employer: Clark County, Employer Address: 500 S Grand Central Pkwy, Work Phone: 702-491-1010, Occupation: Social Worker, Monthly Salary: \$ 3,000, Other Source of Income: NONE

APPLICANT #2 INFORMATION

Form fields for Applicant #2: Last Name: Jones, First Name: Kevin, Middle Name: Tyler, Date of Birth: 06/12/1977, Place of Birth: Los Angeles, California, USA, SSN: 123-01-4445, Driver's License and/or State ID #: 1100114433, State: Are you a US Citizen? [X] Yes [] No, Legal Resident? [] Yes [] No, If yes, Resident #: Physical Address: 1850 E Flamingo Rd, City: Las Vegas, State: NV, ZIP Code: 89119, Email Address: KevinJones@gmail.com, Phone: 702-455-5545, Primary Language: English, Which language(s) do you speak fluently? English, Race: [X] Caucasian [] Native American [] Asian [] African American [] Native Hawaiian/Pacific Islander, Ethnicity: [X] Non-Hispanic [] Hispanic/Latino

APPLICANT #2 EMPLOYMENT INFORMATION

Form fields for Applicant #2 Employment: Current Employer: CCSD, Employer Address: 5100 W Sahara Ave, Work Phone: 702-799-2273

SAMPLE UNIVERSAL APPLICATION

Occupation: Teacher

Monthly Salary: 2,100

Other Source of Income: NONE

Marital Status Domestic Partner
Effective date: Married Couple
Effective date: 02/02/2002 Single Female Single Male Unmarried Couple**RESIDENCES**

List the addresses where you have resided the last five years. Include the name of the county and dates resided.

Address	City	State/ZIP	County	Dates	Applicant 1, 2, or both
121 Martin Luther King Blvd	Las Vegas	NV/89106	CLARK	10/1996- 02/2010	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> both
701 N Pecos Rd	Las Vegas	NV/89101	CLARK	08/1990-09/1996	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both

REFERENCES

References must have known applicant for at least 2 years and only 2 may be from relatives.

Name: Arturo Sanchez	Relationship: Friend	Phone: 702-455-8080	Email: Arturo.Sanchez@gmail.com
Address: 1800 E Flamingo Rd	City: Las Vegas	State/ZIP: NV/89119	# of yrs. known: 5
Name: Miley Sanchez	Relationship: Friend	Phone: 702-455-8000	Email: Mileys@yahoo.com
Address: 1800 E Flamingo Rd	City: Las Vegas	State/ZIP: NV/89119	# of yrs. known: 5
Name: Blake Johnson	Relationship: Friend	Phone: 702-234-5610	Email: blakeejohnson@icloud.com
Address: 1711 E Flamingo Rd	City: Las Vegas	State/ZIP: NV/89119	# of yrs. known: 5
Name: Anita Hernandez	Relationship: Friend	Phone: 702-455-7111	Email: Hernandezanita@hotmail.com
Address: 333 N Rancho Dr	City: Las Vegas	State/ZIP: NV/89106	# of yrs. known: 5
Name: William Harris	Relationship: Friend	Phone: 702-877-1500	Email: Harriswilly@gmail.com
Address: 1900 E Flamingo Rd	City: Las Vegas	State/ZIP: NV/89119	# of yrs. known: 5
Name: Katherine Harris	Relationship: Friend	Phone: 702-877-1554	Email: kathyharris@yahoo.com
Address: 1900 E Flamingo Rd	City: Las Vegas	State/ZIP: NV/89119	# of yrs. known: 5
Name: Jose Martinez	Relationship: Friend	Phone: 702-455-4270	Email: josejose45@gmail.com
Address: 1600 Pinto Ln	City: Las Vegas	State/ZIP: NV/89106	# of yrs. known: 5

ALL HOUSEHOLD MEMBERS

List SSN for all household members over the age of 18.

Name	Date of Birth	Age	SSN	Relationship
Abby Jones	02/12/2000	23	011-22-0000	Daughter
Kevin Jones	10/27/1995	28	000-11-2200	Son

SAMPLE UNIVERSAL APPLICATION

1. **Have you ever** applied to foster care? Yes No Comment:
Have you ever been denied a foster care license? Yes No Comment:
Have you ever been a foster parent in another state? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

2. **Have you ever** applied for a childcare license? Yes No Comment:
Do you have a current license? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

3. **Have you** ever applied to adopt a child? Yes No Comment:
Have you ever adopted a child? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

4. **Have you ever** applied for a license to provide care for adults or children? Yes No Comment:
Do you have a current license? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

NOTE: Section 106 of the Federal Adoption and Safe Families Act: a record check revealing a felony conviction for child abuse/neglect, or spousal abuse, or a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a court of competent jurisdiction has determined that the felony was committed at any time, such final licensure approval shall not be granted; in any case in which a record check reveals a felony conviction for physical assault, battery or a drug-related offense, and a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such final licensure approval shall not be granted.

5. **Has ANY household member ever been arrested, cited, convicted or currently facing charges, for ANY law enforcement violation/offense even if charges were dropped or dismissed?** Yes No **If yes, please explain in Appendix A:**
 Explanations

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

Other household member name: Name of agency: Address of agency: Date:	Other household member name: Name of agency: Address of agency: Date:
---	---

6. Is **ANY** household member currently or previously on parole or probation for an offense?
 Yes No **If yes, please explain in Appendix A: Explanations**

SAMPLE UNIVERSAL APPLICATION

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
Other household member name: Name of agency: Address of agency: Date:	Other household member name: Name of agency: Address of agency: Date:

7. Was **ANY** household member ever investigated for child abuse or neglect by Child Protective Services or law enforcement?
 Yes No If yes, please explain in Appendix A: Explanations

Applicant #1: Name of agency you applied with: Address of agency: Date of investigation:	Applicant #2: Name of agency you applied with: Address of agency: Date of investigation:
Other household member name: Name of investigating agency: Address of agency: Date of Investigation:	Other household member name: Name of investigating agency: Address of agency: Date of Investigation:

8. **Have you ever** voluntarily relinquished your parental rights or had your parental rights terminated by the courts?
 Yes No If yes, please explain in Appendix A: Explanations

9. **Have you ever** served in the military? Yes No If yes, please explain in Appendix A: Explanations
Dates of service and type of discharge:

HOW DID YOU LEARN ABOUT THE PROGRAM

<input checked="" type="checkbox"/> TV	<input type="checkbox"/> Relative
<input type="checkbox"/> Radio	<input type="checkbox"/> Agency/Court
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Submission of this application is not a guarantee of licensure as assessment is required in compliance with NAC's. **NAC 424.185 Denial, suspension or revocation of license: Generally. (NRS 424.020, 424.030, 424.045)**
The licensing authority shall deny, suspend or revoke a license to operate a foster home for a failure or refusal to comply with the licensing requirements for a foster home. The licensing authority shall evaluate that compliance based on information gathered as well as on its interpretation of that information considering its experience with foster children and foster homes. The first responsibility of the licensing authority is to ensure that licensed foster homes can provide for foster children. The licensing authority is not required to prove noncompliance in those areas which are a matter of judgment but may deny, suspend or revoke licensure based on reasonable doubt.
____aj____(Initial) I have read the above statement.
____kj____(Initial) I have read the above statement.

SIGNATURES

I/WE DECLARE that the information supplied in this application is complete and true. I/We understand that any incomplete or false information WILL result in an immediate rejection of my/our application.

I/WE grant DFS/Contracted Agencies permission to contact all of our references.

Signature of Applicant #1: Alisha K Jones	Date: 6/27/2023
Signature of Applicant #2: Kevin Jones	Date: 6/27/2023

SAMPLE UNIVERSAL APPLICATION

Appendix A: Explanations (if applicable based on questions 4, 5, 6, 7, 8 and 9):

Question 5: I, Kevin was arrested for DUI in October of 2013.

***Please list any citations such as: cited for drunk and disorderly, cited for jaywalking, speeding, speeding in a school zone, etc.**

SAMPLE

OFFICE USE ONLY

Date Received:	Office Location:
Agency:	Assigned Worker:
Date Assigned:	



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Family Services

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

UNIVERSAL APPLICATION

APPLICATION FOR:

FOSTER CARE, SPECIALIZED FOSTER CARE, NON PRIMARY, ADOPTION, ICPC

RELATIVE/SPECIFIC - NAME OF CHILD(REN):

APPLICANT #1 INFORMATION

Form fields for Applicant #1: Last Name, First Name, Middle Name, Date of Birth, Place of Birth, SSN, Driver's License and/or State ID #, State, Citizenship, Legal Resident, Resident #, Physical Address, City, State, ZIP Code, Email Address, Phone, Primary Language, Which language(s) do you speak fluently?, Race, Ethnicity.

APPLICANT #1 EMPLOYMENT INFORMATION

Form fields for Applicant #1 Employment: Current Employer, Employer Address, Work Phone, Occupation, Monthly Salary, Other Source of Income.

APPLICANT #2 INFORMATION

Form fields for Applicant #2: Last Name, First Name, Middle Name, Date of Birth, Place of Birth, SSN, Driver's License and/or State ID #, State, Citizenship, Legal Resident, Resident #, Physical Address, City, State, ZIP Code, Email Address, Phone, Primary Language, Which language(s) do you speak fluently?, Race, Ethnicity.

APPLICANT #2 EMPLOYMENT INFORMATION

UNIVERSAL APPLICATION

Current Employer:	
Employer Address:	Work Phone:
Occupation:	Monthly Salary:
Other Source of Income:	

Marital Status

<input type="checkbox"/> Domestic Partner Effective date:	<input type="checkbox"/> Married Couple Effective date:	<input type="checkbox"/> Single Female	<input type="checkbox"/> Single Male	<input type="checkbox"/> Unmarried Couple
--	--	--	--------------------------------------	---

RESIDENCES

List the addresses where you have resided the last five years. Include the name of the county and dates resided.

Address	City	State/ZIP	County	Dates	Applicant 1, 2, or both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both

REFERENCES

References must have known applicant for at least 2 years and only 2 may be from relatives.

Name:	Relationship:	Phone:	Email:
Address:		City:	State/ZIP: # of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:		City:	State/ZIP: # of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:		City:	State/ZIP: # of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:		City:	State/ZIP: # of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:		City:	State/ZIP: # of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:		City:	State/ZIP: # of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:		City:	State/ZIP: # of yrs. known:

UNIVERSAL APPLICATION

ALL HOUSEHOLD MEMBERS

List SSN for all household members over the age of 18.

Name	Date of Birth	Age	SSN	Relationship

1. **Have you ever** applied to foster care? Yes No Comment:
Have you ever been denied a foster care license? Yes No Comment:
Have you ever been a foster parent in another state? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

2. **Have you ever** applied for a childcare license? Yes No Comment:
Do you have a current license? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

3. **Have you** ever applied to adopt a child? Yes No Comment:
Have you ever adopted a child? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

4. **Have you ever** applied for a license to provide care for adults or children? Yes No Comment:
Do you have a current license? Yes No Comment:

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
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NOTE: Section 106 of the Federal Adoption and Safe Families Act: a record check revealing a felony conviction for child abuse/neglect, or spousal abuse, or a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a court of competent jurisdiction has determined that the felony was committed at any time, such final licensure approval shall not be granted; in any case in which a record check reveals a felony conviction for physical assault, battery or a drug-related offense, and a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such final licensure approval shall not be granted.

5. Has **ANY** household member ever been arrested, cited, convicted or currently facing charges, for **ANY** law enforcement violation/offense even if charges were dropped or dismissed? Yes No If yes, please explain in Appendix A:
 Explanations

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

UNIVERSAL APPLICATION

Other household member name: Name of agency: Address of agency: Date:	Other household member name: Name of agency: Address of agency: Date:
---	---

6. Is **ANY** household member currently or previously on parole or probation for an offense?
 Yes No If yes, please explain in Appendix A: Explanations

Applicant #1: Name of agency you applied with: Address of agency: Date:	Applicant #2: Name of agency you applied with: Address of agency: Date:
---	---

Other household member name: Name of agency: Address of agency: Date:	Other household member name: Name of agency: Address of agency: Date:
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7. Was **ANY** household member ever investigated for child abuse or neglect by Child Protective Services or law enforcement?
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Applicant #1: Name of agency you applied with: Address of agency: Date of investigation:	Applicant #2: Name of agency you applied with: Address of agency: Date of investigation:
--	--

Other household member name: Name of investigating agency: Address of agency: Date of Investigation:	Other household member name: Name of investigating agency: Address of agency: Date of Investigation:
--	--

8. **Have you ever** voluntarily relinquished your parental rights or had your parental rights terminated by the courts?
 Yes No If yes, please explain in Appendix A: Explanations

9. **Have you ever** served in the military? Yes No If yes, please explain in Appendix A: Explanations
Dates of service and type of discharge:

HOW DID YOU LEARN ABOUT THE PROGRAM

- | | |
|------------------------------------|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Agency/Court |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other |

Submission of this application is not a guarantee of licensure as assessment is required in compliance with NAC's.
NAC 424.185 Denial, suspension or revocation of license: Generally. (NRS 424.020, 424.030, 424.045)
The licensing authority shall deny, suspend or revoke a license to operate a foster home for a failure or refusal to comply with the licensing requirements for a foster home. The licensing authority shall evaluate that compliance based on information gathered as well as on its interpretation of that information considering its experience with foster children and foster homes. The first responsibility of the licensing authority is to ensure that licensed foster homes can provide for foster children. The licensing authority is not required to prove noncompliance in those areas which are a matter of judgment but may deny, suspend or revoke licensure based on reasonable doubt.
_____(Initial) I have read the above statement.
_____(Initial) I have read the above statement.

SIGNATURES

I/WE DECLARE that the information supplied in this application is complete and true. I/We understand that any incomplete or false information WILL result in an immediate rejection of my/our application.

I/WE grant DFS/Contracted Agencies permission to contact all of our references.



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Family Services

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

DISCLOSURES

It is mandatory that the following two (2) questions are answered.

1. CHILD SUPPORT INFORMATION

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order, or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am not in compliance with the order, or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Please provide the State, County and City where the Court order was issued:
Total Monthly Payment Obligation: \$ _____

2. PAID CARE FOR OTHERS IN THE HOME

- I do not provide regular paid care for others at this time. This includes licensed daycare and any other unlicensed care for others, for which payment is received. This includes anyone living or working in the home, to include care for the elderly, disabled person, or childcare.
- I do provide regular paid care for others at this time. This includes licensed daycare and any other unlicensed care for others, for which payment is received. This includes anyone living or working in the home, to include care for the elderly, disabled person, or childcare. An explanation and a copy of my license are attached.

I/We acknowledge that the answers provided above are true and correct.

Signature of applicant #1:

Date:

Signature of applicant #2:

Date:



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Family Services

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

RELEASE OF INFORMATION

Applicants seeking licensure as an Agency Foster Home are required to read and complete this form.

Regarding:

Name of applicant #1:	Social Security Number:
Name of applicant #2:	Social Security Number:

You are authorized by the undersigned to release to the Department of Family Services, the information including, but not limited to, that indicated below. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. This authorization also permits release of medical information under the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act amendments of 1974 (P.L. 93-282). A photocopy of this form shall be as valid as the original.

Data Requested:

Signature of applicant #1:	Date:
Signature of applicant #2:	Date:

Please return this request to:

Agency Licensing Unit



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Family Services

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

DEPARTMENT OF FAMILY SERVICES STATEMENT OF UNDERSTANDING

I, _____ and I, _____ understand the Department's primary concern is to find the best possible home for each child, therefore:

1. An application for Foster Care, Adoption or ICPC does not guarantee an approval for placement of a child. An approval or denial is based on the suitability of the family for children for whom the Department has responsibility.
2. If my/our application is approved, I/we are not guaranteed the placement of a child in my/our home.
3. I/we hereby certify the foregoing facts on this application are true and accurate to the best of my/our knowledge. I/we understand that any falsifying of information may result in a denial of this application.
4. I/we understand that the home study will not be released to any outside agency for the purpose of adoption for one year from the time the home study is approved.

Signature of applicant #1:

Date:

Signature of applicant #2:

Date:



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Family Services

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

CLARK COUNTY DEPARTMENT OF FAMILY SERVICES SELF-DIRECTED LICENSING SAFETY INSPECTION

Directions: This checklist has been provided to assist you in preparing your home for the Home Safety Inspection that must be completed by your licensing worker. There are other items they will need to discuss you when they visit. Some items are easily observed as you walk through your home, while others will require a tape measure and some investigation on your part. If the item does not apply to your home, then circle "N/A". If it is satisfactory, circle "YES". If you answer "NO", then make a note in the "TO DO" column to help you remember to take care of the item prior to the Licensing Worker's Home Safety Inspection.

	HOME SAFETY REVIEW ITEMS	CURRENT STATUS (circle answer)	OUR "TO DO LIST" TO MEET STANDARD
1	Location of home:	NAC 424.350, NRS 424.020	
	Is our home located in a safe & hazard free area?	YES NO N/A	
2	Accessibility of Community:	NAC 424.355, NRS 424.020	
	Are services and recreational facilities for the children available in my area?	YES NO N/A	
3	Grounds of home:	NAC 424.360, NRS 424.020	
	Is our yard free of trash, debris and hazards?	YES NO N/A	
	Is there suitable play area?	YES NO N/A	
	Is the play area fenced?	YES NO N/A	
4	Living space and furnishings:	NAC 424.365, NRS 424.020	
	Adequate for study and recreation?	YES NO N/A	
	Dining area allows household members (including foster children) to eat together?	YES NO N/A	
	Kitchen equipment, refrigeration, cooking area adequate?	YES NO N/A	
	All rooms clean, lighted, well ventilated, and heated?	YES NO N/A	
	Furnishings comfortable and suitable for children?	YES NO N/A	
5	Doors and windows:	NAC 424.370, NRS 424.020	
	Bedroom windows have screens except those used as fire exit?	YES NO N/A	
	Accessible window for exit in bedrooms?	YES NO N/A	
	Two unobstructed exits to outside?	YES NO N/A	
	Exit path not through intervening rooms subject to locking?	YES NO N/A	
	Mobile home exits at opposite sides/ends?	YES NO N/A	
	Exit door locks opened easily, no higher than 48 inches from the floor?	YES NO N/A	
	Bathroom door lock able to open from outside?	YES NO N/A	
	All closet door(s) opens from inside?	YES NO N/A	
	Bedroom window security bars opened fully by use of a single action device & not higher than 48 inches from the floor?	YES NO N/A	
6	Sleeping accommodations for each foster child:	NAC 424.375, NRS 424.020	
	Each foster child's room is a designated bedroom which ensures privacy?	YES NO N/A	
	Adequate floor space between beds?	YES NO N/A	
	Children of opposite sex who are 5 yrs. or more have separate bedrooms	YES NO N/A	
	Room of child(ren) under five (5) yrs. on same floor as foster parents?	YES NO N/A	
	Each child has own bed which must be at least 27 inches wide & elevated off the floor?	YES NO N/A	
	Bunk beds with more than two (2) bunks are prohibited. Upper bunk must have guardrail & cannot be used by foster children under age 6.	YES NO N/A	
	Child(ren) has own closet, locker, or dresser space?	YES NO N/A	
	Exit by door/window unobstructed?	YES NO N/A	
	Cribs must have firm mattress & not contain any loose items such as blanket, stuffed animal, crib bumper, pillow, etc.	YES NO N/A	
7	Lavatories, toiletries:	NAC 424.380, NRS 424.020	

Number of toilets _____ Tubs/showers _____ Washbasins _____	
Each foster child has own personal hygiene products, towels and washcloths?	<i>YES NO N/A</i>

**CLARK COUNTY DEPARTMENT OF FAMILY SERVICES
SELF-DIRECTED LICENSING SAFETY INSPECTION**

	HOME SAFETY REVIEW ITEMS	CURRENT STATUS (circle answer)	OUR "TO DO LIST" TO MEET STANDARD
8	Kitchen sanitation; safe equipment:	NAC 424.385, NRS 424.020	
	Adequate refrigeration, dishwashing equipment, storage of dishes?	<i>YES NO N/A</i>	
	Any refrigerator or freezer not in use has door locked or removed?	<i>YES NO N/A</i>	
9	Heating, air conditioning and water heater working, adequate, safe:	NAC 424.390, NRS 424.020	
	Heating, ventilation or air conditioning has automatic shutdown?	<i>YES NO N/A</i>	
	Wood stove approved by appropriate authority?	<i>YES NO N/A</i>	
	No portable heaters used?	<i>YES NO N/A</i>	
	Heating system keeps house comfortably warm?	<i>YES NO N/A</i>	
	Gas water heaters vented to outside & set to a temperature not to exceed 120 degrees Fahrenheit?	<i>YES NO N/A</i>	
10	Electrical equipment:	NAC 424.395, NRS 424.020	
	Electrical cords in good condition; present no hazard?	<i>YES NO N/A</i>	
	No extension cords & surge protector cords used in general wiring, joined together, extending from room to room, under rugs, stapled/nailed, create falling or tripping hazard	<i>YES NO N/A</i>	
	Protective plugs on electrical outlets. (Children under five (5) yrs. of age)?	<i>YES NO N/A</i>	
11	Fire safety standards met:	NAC 424.400, NRS 424.020	
	Fire extinguisher 2-A 10BC properly mounted on each floor and serviced annually. Date serviced _____.	<i>YES NO N/A</i>	
	Smoke detectors working, mounted in each foster child's bedroom & hallway.	<i>YES NO N/A</i>	
12	Handrails:	NAC 424.405, NRS 424.020	
	Provided when there are four(4) or more steps.	<i>YES NO N/A</i>	
13	Telephone in operation (Cellphone permitted):	NAC 424.410, NRS 424.020	
	Accessible in home at all times when home is occupied	<i>YES NO N/A</i>	
	Emergency numbers posted including health, fire, police, ambulance?	<i>YES NO N/A</i>	
14	Refuse:	NAC 424.415, NRS 424.020	
	Trash in tightly covered receptacles; removed a minimum of weekly.	<i>YES NO N/A</i>	
15	Pools:	NAC 424.420, NRS 424.020	
	Water in healthy condition?	<i>YES NO N/A</i>	
	If licensed to care for children under age 5 yrs., fence on all sides of the standing body of water or empty water feature separating it from general yard area?	<i>YES NO N/A</i>	
	Reaching pole with life hook and ring buoy by pool?	<i>YES NO N/A</i>	
	Above ground pool steps removed?	<i>YES NO N/A</i>	
	Hot tubs, saunas and tanning beds locked?	<i>YES NO N/A</i>	
16	Mobile Home:	NAC 424.425, NRS 424.020	
	Skirted and anchored?	<i>YES NO N/A</i>	
17	Transportation provided:	NAC 424.490, NRS 424.020	
	Seat belts, car seats, insurance provided and maintained as per State law?	<i>YES NO N/A</i>	
	Name of insurance company:		
18	Housekeeping and sanitation:	NAC 424.545, NRS 424.020	
	Reasonable housekeeping standards met?	<i>YES NO N/A</i>	
	Linens laundered weekly, more often if necessary?	<i>YES NO N/A</i>	
	Dirty linens stored separately from food, clean linens, and other supplies?	<i>YES NO N/A</i>	
	Personal items not used by more than one person?	<i>YES NO N/A</i>	
	First aid supplies adequately stocked including germicide, Band-Aids, bandages, tape & a thermometer?	<i>YES NO N/A</i>	

**CLARK COUNTY DEPARTMENT OF FAMILY SERVICES
SELF-DIRECTED LICENSING SAFETY INSPECTION**

	HOME SAFETY REVIEW ITEMS	CURRENT STATUS (circle answer)	OUR "TO DO LIST" TO MEET STANDARD
19	Provisions of health care to children: All children residing in the foster home must be currently immunized against diseases according to the recommendations set forth by the Centers for Disease Control & Prevention.	NAC 424.555, NRS 424.020 <i>YES NO N/A</i>	
20	Medications:	NAC 424.560, 424.720 NRS 424.020, 424.0383, 424.0385	
	Kept in a locked place.	<i>YES NO N/A</i>	
	Unused prescribed medications destroyed?	<i>YES NO N/A</i>	
21	Pets in good health and temperament:	NAC 424.590, NRS 424.020	
	Current on all inoculations such as rabies?	<i>YES NO N/A</i>	
	Temperament which is not hazardous or frightening to children?	<i>YES NO N/A</i>	
	Restricted from areas where food is prepared & eating areas while meals are served?	<i>YES NO N/A</i>	
22	Hazardous materials and chemicals:	NAC 424.595, NRS 424.020	
	Hazardous chemicals, tools, cleaning & laundry products, inaccessible to children?	<i>YES NO N/A</i>	
	Items or products intending only for adults such as alcohol, tobacco, vapor products & lighters stored reasonably & inaccessible to children?	<i>YES NO N/A</i>	
23	Weapons and ammunition:	NAC 424.600, NRS 424.020, 424.044	
	Weapons unloaded, disabled & stored in locked containers or made inoperable. Ammunition stored in separate locked containers from weapons?	<i>YES NO N/A</i>	
24	Plan for responding to disasters & emergencies:	NAC 424.615, NRS 424.010	
	Written emergency disaster plan?	<i>YES NO N/A</i>	
	Clark County Family Services: Are You Ready? Emergency Preparedness Training. (www.QPINevada.org)	<i>YES NO N/A</i>	

NOTES:

NAC's can be located on the qpinevada.org website

Hyperlink to the current NAC: <https://www.leg.state.nv.us/NAC/NAC-424.html>