



Risk Placement Services, Inc.

PO Box 834

Poulsbo WA 98370

ADOPTION AND FOSTER CARE PLACEMENT
AGENCY SUPPLEMENTAL APPLICATION

Named Insured: _____

Name of Agency/Facility: _____

I. FOSTER PLACEMENT AGENCIES:

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

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

By whose authority? Explain procedure: _____

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

II. ADOPTION PLACEMENT AGENCIES:

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

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

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

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

Signature of Applicant

_____/_____/_____
Date

Name and Title