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**NIA**  
**Foster Care/Adoption Supplemental Application**

Applicant Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Member Number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

**Foster Care**  **N/A**

**(Please attach copies of licenses, contracts, placement policy/procedures, training guides and applications used.)**

1. Provide details of your operations below with percentages totaling 100%:

Kinship Care	_____ %
Foster Family agency	_____ %
Treatment Foster Care	_____ %
Child Protective Services	_____ %
Respite Homes	_____ %
Other: _____	_____ %

2. Does your organization certify and/or have oversight of Foster Homes?  Yes  No

a. Provide the number of active Foster Homes: \_\_\_\_\_

b. Number of homes that your organization certifies: \_\_\_\_\_

c. Number of homes that your organization has decertified over the past 5 years: \_\_\_\_\_

d. Are all foster homes licensed?  Yes  No  
 Licensed by: \_\_\_\_\_

e. Does your organization purchase Foster Parent Liability (FPL) insurance for foster parents? (If yes, provide a copy of the current FPL declaration page.)  Yes  No

f. Number of children placed in homes by you annually: \_\_\_\_\_

g. Maximum number of foster children allowed in a foster home at any given time: \_\_\_\_\_

h. Average age of children being placed in foster homes? \_\_\_\_\_

i. What percentage of children served have severe and/or profound physical or mental disabilities? \_\_\_\_\_

j. **(CA Only):** Are all homes certified under RFH (Resource Family Home) and considered Resource Family Homes?  Yes  No  
 If no, please explain: \_\_\_\_\_

3. Years' experience the organization's executive director holds in this field: \_\_\_\_\_

4. Are the organization's foster care procedures/practices subject to state regulation?  Yes  No

5. Are any of the organization's foster care services contracted to a 3<sup>rd</sup> party organization, or does the organization conduct any foster care operations as a contractor on behalf of a separate organization? (i.e.: County, City, lead agency, etc.)  Yes  No  
 If yes, provide list of the organizations with description and copies of contract in place with the organization.
6. Does Applicant have a hold harmless or indemnification agreement with state, county and/or another agency? If yes, provide copy.  Yes  No
7. a. Total number of training hours for each family prior to placement of first child: \_\_\_\_\_  
 b. Total number of training hours for each family: \_\_\_\_\_  
 c. Do these hours align with state mandated training?  Yes  No
8. a. Does Applicant provide follow-up visits to homes after children are placed?  Yes  No  
 If yes, how frequently? \_\_\_\_\_ Are the visits unannounced?  Yes  No  
 b. Who conducts home visits? \_\_\_\_\_  
 c. Do home visits include a private consultation with the foster children?  Yes  No  
 d. When do these visits stop? \_\_\_\_\_
9. a. How are visits documented? \_\_\_\_\_  
 b. Are audit procedures in place to ensure home visits are being conducted and documented to be within their standards?  Yes  No  
 c. Is there a policy and/or procedure in place for escalating situations and/or incidents?  Yes  No
10. Does applicant conduct checks of criminal records, in all fifty states of foster parents and other residents prior to approval of home?  Yes  No  
 Indicate the type of checks performed: \_\_\_\_\_
11. Are foster parents and/or other residents in the home who have criminal records, or any history or sexual abuse immediately disapproved or decertified?  Yes  No  
 If no, please explain: \_\_\_\_\_
12. Does Applicant have written procedures for responding to reports of sexual and/or physical abuse?  Yes  No
13. Does Applicant have a hold harmless or indemnification agreement with state, county and/or another agency? If yes, provide copy.  Yes  No
14. **Social/Case Workers:**  
 # Of Social/Case Workers \_\_\_\_\_  
 Average Case Load \_\_\_\_\_  
 Annual turnover (%) \_\_\_\_\_  
 Are all Licensed?  Yes  No  
 Minimum Training/Certification Required \_\_\_\_\_  
 Annual Hours of training required \_\_\_\_\_  
 What controls/audit procedures are in place to ensure social/case workers are following policies/procedures? \_\_\_\_\_
15. Can any of your social workers/case workers be foster families?  Yes  No
16. Do foster parents receive full disclosure with respect to the child's health history and related background?  Yes  No

17. a. Do any of your foster families accept placements from other agencies?  Yes  No  
 If yes, do you re-interview the foster family and conduct a home visit?  Yes  No  
 b. Who compensates the foster homes? \_\_\_\_\_

18. What is the annual stipends amount paid to all foster care parents? \_\_\_\_\_

19. Do independent contractors provide any foster care services?  Yes  No  
 If yes, describe services provided and how they are monitored:  
 \_\_\_\_\_

20. Please select additional services provided: (check all that apply)  
 Affordable/Low-income Housing       Emergency Shelter  
 Transitional Housing                       Group Homes  
 Specialty School                               Respite Care  
 Other: \_\_\_\_\_

21. Over the past five years, has the organization had their licensing suspended, revoked, or had an investigation that resulted in a substantiated complaint with corrective actions required? A “substantiated complaint” means a regulatory agency has investigated and found the organization was at fault or needed to take corrective action.  Yes  No  
 If yes, please attach a summary, and a copy of the inspection report or other pertinent documentation. This should include corrective actions taken, if any.

**Adoption:**  N/A

**(Please attach copies of licenses, screening materials for adoptive parents, home study applications and selection criteria.)**

1. Is your organization licensed in all states in which you operate?  Yes  No

2. Have any of your organization’s licenses been suspended, revoked, or placed under conditional status by any entity or official body?  Yes  No  
 If yes, please explain: \_\_\_\_\_

3. Have any complaints been made against your organization regarding adoption services?  Yes  No  
 If yes, please explain: \_\_\_\_\_

4. Are you accredited by any organization?  Yes  No  
 If yes, please identify: \_\_\_\_\_

5. Please complete fully:

Adoption Services:	_____ % Open	_____ % Closed
% of total Adoptions are:	_____ % Domestic	_____ % International
Total # of adoptions:	_____ current year	_____ next 12 months

6. Does your organization facilitate Embryo Adoptions?  Yes  No

7. Are only State Department of Social Services adoption forms and applications used?  Yes  No  
If no, describe forms/applications used: \_\_\_\_\_
8. Are birth parents contacted prior to adoption proceedings?  Yes  No
9. Does the adoptive parent selection process include background checks, including but not limited to criminal records checks in all fifty states?  Yes  No  
Please indicate type of checks: \_\_\_\_\_
10. Is a full medical examination of child completed prior to adoption finalization?  Yes  No
11. a. Do adoptive parents receive full disclosure, in writing, of child's background including health history, medical and psychological records prior to adoption finalization?  Yes  No  
b. If information is missing, do you disclose to the adoptive parents that the information is lacking and obtain a signed waiver releasing you of liability pertaining to the information that was not disclosed?  Yes  No
12. Is counseling/ongoing support provided to birthparents after finalization of the closed adoption?  Yes  No
13. After placement, does your organization conduct follow up visits?  Yes  No  
How often? \_\_\_\_\_ When do they stop? \_\_\_\_\_
14. Are closed adoption files secured during and after the placement is completed?  Yes  No
15. Does your organization provide home studies for your adoptions?  Yes  No  
If no, are home studies contracted out? (Provide copy of contract)  Yes  No
16. Are children placed in foster homes temporarily before adoption finalization?  Yes  No  
If yes, provide details: \_\_\_\_\_
17. Is there a time lapse for the birthparents to change their minds?  Yes  No  
How long? \_\_\_\_\_ Where is child during this time? \_\_\_\_\_
18. Does your organization provide consulting services or homes studies for other agencies?  Yes  No  
If yes, provide details and copies of any contracts: \_\_\_\_\_

**SIGNATURES**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type applicant's name

\_\_\_\_\_  
Applicant's Title