



Arkansas Department of Human Services
Division of Children & Family Services

FOSTER PARENT, ADOPTIVE PARENT OR APPLICANT SMOKING CERTIFICATION

Foster or Adoptive Parent(s) or Applicant(s):

Name: _____ Name: _____

Address: _____

County: _____ Telephone Number: (____) _____ - _____

I. ARKANSAS AND DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) REQUIREMENTS

In accordance with Arkansas state law and/or DCFS policy, a foster or adoptive parent may not: smoke or permit anyone else to smoke in the presence of a child in foster care.

All foster or adoptive parent, applicants and foster parents being re-evaluated shall sign a DCFS form CFS-363 that certifies if the foster or adoptive parent(s) agrees to comply with all of the state and/or DCFS requirements.

II. CERTIFICATION

I have read and fully understand the above identified requirements and restrictions regarding not smoking in the presence of a child in foster care.

I agree or do not agree to comply with the requirement to not smoke or permit anyone else to smoke in the presence of a child in foster care.

Foster/Adoptive Parent or Applicant - I [] Agree or [] Do not agree.

Foster/Adoptive Parent or Applicant - I [] Agree or [] Do not agree.

III. SIGNATURES

A. Foster/Adoptive Parent or Applicant: _____ Date: _____

Foster/Adoptive Parent or Applicant: _____ Date: _____

B. DCFS Worker/Adoption Specialist Name _____

Worker/Adoption Specialist Signature: _____ Date: _____

C. Area Director Name _____

Area Director Signature: _____ Date: _____

D. Assistant Director Name _____

Assistant Director Signature: _____ Date: _____