



**Arkansas Department of Human Services
Division Of Children And Family Services
FOSTER PARENT ORIENTATION CHECKLIST**

Name(s) of Foster Parent(s): _____

Date of Open: _____ **CHRIS Resource Number:** _____

The above named individual has been trained (given instructions, explanations and information) regarding the following aspects of his/her service with the Division of Children and Family Services (DCFS) within the Arkansas Department of Human Services (DHS). The following documents and topics have been reviewed, discussed and/or explained:

1. DHS and DCFS Mission Statements
2. Standards of Approval for Foster & Adoptive Homes (PUB-22)
3. Foster Parent Handbook (PUB-030)
4. Code of Ethics
5. DCFS Policy and Procedures Manual
6. Arkansas Judicial System
7. Roles and responsibilities [Signed copy of CFS-462 (Initial Family Foster Home Agreement)]
8. Clarification of appropriate childcare techniques
9. Child discipline and the prohibition from using corporal or degrading punishment (PUB 030)
10. HIPPA and confidentiality (PUB-030)
11. When and how Board Payments are made to foster parents
12. Financial Procedures for foster child related purchases
13. Travel Procedures and how to submit travel related documents
14. After-hours, weekend and holiday client contact (using the contact sheet in notebook)
15. Organizational structure of DHS, DCFS, Section, Office and Work Unit
16. Training opportunities and/or requirements
17. Policy VII-K concerning the guidelines for removing a foster child from a foster home
18. Internal Review of Adverse Action Involving Foster Parents (PUB-030)
19. Vehicle Safety Program
20. Questions and comments were solicited and answered

You have received a Foster Parent Information Packet and it was explained to you. It is a tool for you to utilize throughout the year to ensure your compliance with licensing standards and DCFS policy. The packet includes the following items:

- (1) Self addressed stamped envelopes; (2) Examples of the completion of the travel documentation that must be submitted monthly; (3) Copy of the Code of Ethics; (4) State Vehicle forms; (5) CFS-381, Training Record Log; Medication Log; (6) Child Inventory Log; (7) Fire Drill Log; (8) CFS 352 Medical, Dental, Vision, Hearing an Psychological Episodic Visits; (9) Independent Living list for teens; (10) Journal pages; (11) After hours contacts sheet; (12) Family Foster Parent Handbook PUB-030; (13) Envelopes for receipts of child clothing purchases; and (14) foster care board sheet.

This signed form (CFS-465) also verifies that the signature sheet copies from the final visit were received.

AFFIRMATION STATEMENT

The signatures on this form verify that the foster parent has complied with departmental procedures regarding volunteer's orientation. The foster parent affirms that he/she has been made aware of an expected level of care, received DHS policies and was given instructions regarding his/her service.

Foster Parent Name (print)	Foster Parent Signature	Date
Foster Parent Name (print)	Foster Parent Signature	Date
DHS Representative Name (print)	DHS Representative Signature	Date