



Arkansas Department of Human Services
Division of Children and Family Services
PROVISIONAL FOSTER HOME ORIENTATION CHECKLIST

Name of Foster Child: _____ County: _____

Name of Family: _____

Each item should be checked off as it is completed.

1. **Purpose of Orientation**
2. **Definition of Provisional Foster Home (see Policy VII-A)**
3. **DCFS Policy**
 - a. Procedure (II-E8): Protective Custody of Child in Immediate Danger
 - b. Policy VI-A: Out-of-Home Placement Criteria
 - c. Policy VI-B: Consideration of Relatives for Children in Foster Care
 - d. Policy VII: Development of Foster Homes Evaluation (Includes Policy VII-A, VII-C-L & related procedures)
4. **Foster Home Approval Process Flow Chart**
5. **In-Home Consultation Visit Packet**
 - a. CFS-316 (Request for Child Maltreatment Central Registry Check)
 - b. CFS-342 (State Police Criminal Record Check)
 - c. FBI Finger Print Card or Instructions on Using Harvester
 - d. APS-0001 (Authorization for Adult Maltreatment Central Registry)
 - e. ASVSP (AR State Vehicle Safety Program) application
 - f. CFS-593 (Additional Requirements for DCFS Drivers)
 - g. Forms VSP-1 and VSP-2 (in the ASVSP publication)
 - h. CFS-446 (In-Home Consultation Visit Report)
 - i. CFS-452 (Provisional Foster Home Verification)
 - j. PUB-22 (Standards of Approval of Foster Family Homes)
 - k. PUB-030 (Family Foster Parent Handbook)

- 6. **Court Proceedings / Legal flow chart**
- 7. **Family Meetings (Staffings)**
- 8. **Visitation**
- 9. **Child Development**
- 10. **Overview of Loss/Separation Issues**
- 11. **Discipline – no corporal or degrading punishment**
- 12. **Financial Information**
- 13. **Resources**
- 14. **DHS and DCFS Mission Statements**

Please have the relative read and sign the following statements:

I will not allow the alleged offender access to the relative child(ren) placed in my home that is not supervised by the Division until the investigation is completed.

I will not allow any contact with the alleged offender and the relative child(ren) placed in my home that is not approved or authorized by the Division or the court after the investigation is completed (if found true).

I will not receive a board payment for the relative child placed in my home until my home is in compliance with all Child Welfare Minimum Licensing Standards & DCFS Standards for Foster Homes (refer to CFS-452 Provisional Foster Home Verification).

I understand that if my home is not fully licensed as a foster home within six months of the placement of the relative child(ren) in my home, DHS shall remove the relative child(ren) from my home and close my provisional foster home, or the court shall remove custody from DHS and grant custody of the relative child(ren) to me, if the court deems it is in the child's best interest to do so.

Relative 1's Name (type or print)

Relative 1's Signature

Date

Relative 2's Name (type or print)

Relative 2's Signature

Date

Family Service Worker Name (type or print)

Telephone Number

FSW Supervisor's Signature (Approval)

Date