

INSTRUCTIONS

CFS-363

FOSTER / ADOPTIVE PARENT OR APPLICANT SMOKING CERTIFICATION

Purpose: The CFS-363 is used for two purposes – (1) **Inform** foster/adoptive parent, applicants and foster/adoptive parents not previously certified about Arkansas State and Division of Children Services (DCFS) restrictions on smoking in the presence of children in foster care and (2) **Document** an applicant's or foster/adoptive parent's agreement or disagreement to comply with all the State and DCFS restrictions and requirements.

Completion:

- Insert the name(s) of the foster/adoptive parent(s) or applicant(s);
- Insert the complete address, county and phone number;
- Each foster/adoptive parent or applicant will read all of Section I. regarding requirements;
- The foster/adoptive parent(s) or applicant(s) will read the information in Section II. Certification and each foster/adoptive parent or applicant will check either "Agree" or "Do not agree";
- The foster/adoptive parent(s) or applicant(s) signs and dates the form;
- The Worker/Adoption Specialist inserts his or her name **and** signs and dates the form;
- The Area Director inserts his or her name **and** signs and dates the form;
- The Assistant Director inserts his or her name **and** signs and dates the form;

Routing:

1. Original is put in the case file of the foster family home **or** adoptive home;
2. One copy to the foster/adoptive parent(s) or applicant(s) who signed the form.