



**Division of Children & Family Services**

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**Arkansas Department of Human Services**

**Division of Children and Family Services**

**Prospective Provisional Resource Parent Information and Questionnaire**

**Section I:** To be completed by FSW overseeing or assisting with removal and initial placement during initial interview with prospective provisional resource parents prior to forwarding to resource staff.

Applicants are relatives or fictive kin?      Relatives      Fictive Kin

Prospective Provisional Applicant(s): \_\_\_\_\_

Prospective Provisional Applicant Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

County of Residence: \_\_\_\_\_ PROVIDER ID: \_\_\_\_\_

Same day placement requested?    YES      NO

List ALL persons in the Perspective Provisional Resource Home (attach another page as needed):

Name	SSN	Relationship to Provisional Resource Parent Applicant	Date of Birth	Age

County of Removal: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral/Case Number: \_\_\_\_\_ Investigator/Caseworker: \_\_\_\_\_

Contact name/Number for Placement: \_\_\_\_\_

CHILDREN NEEDING PLACEMENT				
Name	Sex	Age	Relationship to Applicant	Date Child Placed

1. Do you or any other household members have a criminal history? If yes, when and what were the charges?  
YES                      NO

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2. Have you or any other household member ever been the subject of a child or adult maltreatment investigation?    YES                      NO

3. How many people live in the home? \_\_\_\_\_

4. How many bedrooms (including number and size of beds as well as description of bedding for each) are in the home?

5. Will you be able to support the child(ren) financially without DCFS assistance?    YES                      NO

6. What is your primary source of income? \_\_\_\_\_

7. If employed, where do you work? \_\_\_\_\_

8. What is your household income (monthly take home)? \$\_\_\_\_\_

9. Do you have any savings for emergencies? If yes, how much?    YES                      NO                      \$\_\_\_\_\_

10. What do you estimate your overall monthly expenses (rent, utilities, insurance, food) are? \$\_\_\_\_\_

11. What are your working hours and childcare plans while you are working?

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12. Do your minor biological or adopted children who live in the home attend their regular well child visits or otherwise have regular medical checkups?    YES                      NO

13. Do all minor biological and adopted children living in the home have up-to-date immunizations per the CDC's immunization schedule or have an immunization exemption from the Arkansas Department of Health?  
YES                      NO

14. Do any of your current household members have a chronic medical condition that they receive regular treatment for?    YES                      NO                      If yes, please list the diagnosis and frequency of medical visits.

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15. Will you be able to take the child to and from school, doctor's appointments, and other activities (this is not only a time consideration; you must also have a valid driver's license, valid auto insurance, access to a reliable vehicle and possibly car seats/booster seats depending on the age of the child)?    YES                      NO

16. Are you willing to follow all protection protocols including but not limited to, court orders and case plans? This includes instructions regarding visits with the child's parents. YES NO

17. Are you willing to attend resource parent training (it is a 7.5-hour training)?

Yes No

18. Do you understand that within six months of opening as a provisional resource parent, you must meet all other resource home requirements (complete training) because, if you do not, the children could be moved from your home?

Yes No

19. Do you reside in the same school district of the school that the child attended prior to coming into care?

Yes No

20. If no, in what school district do you reside? \_\_\_\_\_

21. How do you know the children? \_\_\_\_\_

22. When was the last time you saw the children? \_\_\_\_\_

23. Generally speaking, how often do you see the child? \_\_\_\_\_

24. Please describe your interactions and activities with the children when you spend time together?

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25. Please describe the children (personality, interest, hobbies, school performance, friends)

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26. Other Notes, Comments, and Questions: Include information provided by the child, if age appropriate, to DCFS regarding how the child knows the prospective provisional applicant, how the child described their feelings about living with the provisional applicant.

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**Section II:** To be completed by FSW overseeing or assisting with removal and initial placement prior to forwarding to resource staff for consideration.

1. What are the circumstances surrounding the removal of the child from the family home?

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2. Are there any previous or current court orders potentially affecting the placement of the children in the relative home? YES NO

3. Do any children or potential provisional placement have medical or mental health conditions which should be considered in evaluating the potential placement? YES NO

4. Do any children to be placed have sexually aggressive behaviors or a history of sexual abuse? YES NO

**Section III:** To be completed by resource staff only.

1. What are the details of the sleeping arrangements for all members of the household?

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2. Do these sleeping arrangements meet the following minimum Licensing standards:

Sleeping Arrangements		YES	NO	N/A
A.	Will children sleep in a bedroom? (not in a living room or dining room where others are passing through)			
B.	Does each bedroom have at least 50 square feet of floor space per occupant?			
C.	Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape (no bars, grates, and also provides natural light and ventilation)?			
D.	Will any child under the age of 6 occupy a top bunk?			
E.	Will any children who share a bed all be under the age of four and of the same gender?			
F.	Will any child in foster care, except an infant under age 2, share a sleeping room with adults? In the case of a grandparent to the child, the age would increase through age 4.			

3. Describe the family's support system (extended family, neighbors, friends, church community.)

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4. Please list any medications you are currently taking and the conditions of the medications are prescribed to treat (this includes medical marijuana).

Name of Person	Name of Medication	Dosage(mg)	Conditions of Treatment

A. If medical marijuana is listed above, do you possess a medical marijuana registry identification card issued by the Arkansas Department of Health?    YES        NO

B. What is the name listed on the medical marijuana registry identification card?\_\_\_\_\_

Home Safety Requirements: Interior		YES	NO	N/A
A.	Is the interior of the home clean and free of physical health hazards?			
B.	Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?			
C.	Are cleaning supplies, insecticides, gasoline, hazardous tools, knives or similarly dangerous objects stored out of reach of children or kept in locked closes or drawers?			
D.	Are all firearms unloaded; maintained in a secure, locked location and stored separately from ammunition?			
E.	Are there operational smoke on each level of occupancy of the home and in each bedroom and carbon monoxide detectors on each level and near all sleeping areas?			
F.	Does the home have an operational telephone or working cellular phone that is accessible to all children?			
Home Safety Requirements: Exterior				
A.	Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable), free from physical hazards which would endanger the safety of children?			
B.	Is the yard free of dangerous debris, trash, uncovered cisterns, etc.?			
C.	Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water or dangerous area?			
Home Safety Requirements: Other				
A.	Does family have a plan for evacuating the house in the event of fire and plan for seeking shelter during a storm or tornado?			
B.	If yes, is the escape plan posted within the home?			
C.	Is there a safety plan for any noted hazards in place? If yes, please identify which type:			
Home Safety Requirements: Medications				
A.	Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked (excluding Epi-pens, inhalers, and glucagon kits)?			
B.	Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the person administering the medication?			
Home Safety Requirements: Water				
A.	Do you have well water?			
B.	If yes, do you agree to use bottled water until the water is tested?			

### Checklist for Effective Group Zoom Training

Resource home applicants have an option to attend class in a traditional classroom or via Zoom in a virtual classroom. Before selecting Zoom, assess the family's capability to actively participate in training on Zoom. This checklist is designed to help Resource Workers make that determination. Since families have options, it is strongly recommended that any family that answers "No" to any of these questions be referred to a traditional classroom setting. Due to limitations on functionality of people attending a 3-hour training on their phones, it is also strongly recommended that families attending via Zoom do so on a computer.

Capacity		YES	NO
A.	Do you have a computer/laptop with a working camera and microphone?		
B.	Have you ever attended an interactive online class or meeting?		
C.	Do you know how to download an app? (for example, ZOOM.exe.)		
D.	Do you have an area in your home that is free from distractions where you can attend and participate in an online training?		
E.	Do you have someone who can care for the children in your home while you attend an online training? (3-6 hours)		
F.	Do you have a stable internet connection that allows you to stream video and participate in video conferencing for up to 3 hours?		

Preferred Training Timeframe (*note: marking a selection does not guarantee that preference is available*):

Week Nights      Weekends      No preference

Preferred Training Modality (*note: marking a selection does not guarantee that preference is available*):

In-person      Zoom      No preference

## DISCIPLINE

Methods of discipline which are unacceptable for use by resource parents with the child include but are limited to:

- 1 Cruel, severe, or humiliating actions, such as washing the mouth with soap.
- 2 Taping or obstructing the child's mouth.
- 3 Placing painful or unpleasant tasting or hot substances on the child's body (e.g., mouth, lips).
- 4 Placing the child in dark areas (e.g., closet).
- 5 Public humiliation.
- 6 Physical punishment-inflicted in any manner (e.g., hitting, slapping, pinching, pulling hair, kicking, twisting the arms, forced fixed body positions).
- 7 Denial of meals, clothes, or shelter.
- 8 Withholding implementation of the case plan or any denial of rights.
- 9 Denial of contact with family members (e.g., visits, telephone calls, mail).
- 10 Assignments of extremely strenuous exercise or work.
- 11 Locked isolation of any kind.
- 12 Punishment of any kind for poor toilet habits.
- 13 Use of derogatory comments about the child, the child's family or friends, race, gender, gender identity, or sexual orientation.
- 14 Mechanical or chemical restraints.
- 15 Threats or insinuations of physical punishment or harm.

DCFS or resource parents shall never give permission for the school to use corporal punishment, (spanking the child). The school may elect to spank, but we can never give permission for them to do so.

Please leave a signed copy of this document with the resource parents and have the resource parents sign another copy for the Resource Worker to maintain with the provider record.

\_\_\_\_\_  
\_Signature Resource Parent #1

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
\_Signature Resource Parent #2

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date





## Arkansas Department of Human Services Division of Children & Family Services

### Confidentiality and Use of Social Media in Resource Homes

The Division of Children and Family Services (DCFS) takes the confidentiality of children placed in the Arkansas foster care system very seriously. As such, resource parents (i.e., foster parents and adoptive parents who have a child placed in their homes as a pre-adoptive placement/before the adoption is finalized) are prohibited from posting pictures of children placed in their homes (even if the face is blocked or blurred when posted). In addition, any information about the circumstances of the child in foster care is prohibited from being posted online.

DCFS acknowledges and understands that social media is a norm in today's society. However, the common usage of social media makes it neither safe nor secure even if the image of a child in foster care is blocked or otherwise blurred when posted. The Division, its resource parents, and its other stakeholders and volunteers must assure the privacy and confidentiality of the children and families involved in the child welfare system.

In regards to older youth who have a Facebook page or other social media accounts choose to post "selfies" or other information, resource parents must monitor to some extent that use of social media. Just as you would with your own children, nieces, nephews, godchildren, etc., please assess how appropriate and safe a particular posting may be—not only for the youth but for your family as well.

The Division recognizes that many youth contact siblings or other family members using social media. Please be aware of such communication and conference with the youth's caseworker if you have questions regarding whether contact between the youth and their families is safe and appropriate. There may need to be some action taken if there is a conflict with a court order or other issues.

This monitoring of social media also extends to other forms of screen time. The American Academy of Pediatrics (AAP) recommends "screen-free" zones at home by making sure there are no television, computer or video games in children's bedrooms, and by turning off the TV during dinner. Children and teens should engage with entertainment media for no more than one or two hours per day. It is important for kids to spend time on outdoor play, reading, hobbies, and using their imaginations in free play.

Television and other entertainment media should be avoided for infants and children under age 2. A child's brain develops rapidly during these first years, and young children learn best by interacting with people, not screens.

DCFS appreciates your assistance in ensuring the safety of children in an environment that has many risk factors to be considered. If you have any questions regarding the use of social media in resource homes, please contact your Resource Worker.

*Please leave a signed copy of this document with the resource parents and have the resource parents sign another copy for the Resource Worker to maintain with the provider record.*

\_\_\_\_\_  
\_ Resource Parent #1 Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
\_ Resource Parent #2 Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Resource Worker Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



Arkansas Department of Human Services  
Division of Children & Family Services

RESOURCE PARENT SMOKING CERTIFICATION

Resource Parents or Applicants: \_\_\_\_\_  
Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone Number(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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

A resource parent may not smoke or permit anyone else to smoke in the presence of a child in foster care unless it is in the child's best interest to be placed in or remain in the resource home. This includes the use of vaping and e-cigarettes. All resource parents and resource parent applicants being re-evaluated shall sign this form that certifies if the resource parents agree to comply with all state and 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. By my selection and signature below, I indicate whether I agree or disagree to comply.

_____	Agrees to Comply	Does Not Agree to Comply
Resource Parent/Applicant (Print)		
_____	Agrees to Comply	Does Not Agree to Comply
Resource Parent/Applicant (Print)		

**III. SIGNATURES**

_____	_____/_____/_____
Resource Parent/Applicant	Date
_____	_____/_____/_____
Resource Parent/Applicant	Date
_____	_____/_____/_____
DCFS Resource Worker Name (Print)	Date
_____	
DCFS Resource Worker Signature	

Refer to PLPA

Alternative Compliance:

Needed

Temporary Approval Given, Board Action Needed

Policy Waiver:

Approved

Temporary Approval Given

Comments:

#### RECOMMENDATIONS

Resource Worker recommends approval of applicants to attend training?

YES

NO

\_\_\_\_\_  
Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Resource Supervisor/Designee approves applicants to attend training?

YES

NO

\_\_\_\_\_  
Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Date submitted to MidSOUTH: \_\_\_\_/\_\_\_\_/\_\_\_\_