AIM TO ACHIEVE

CHILD PLACING AGENCY

Foster Parent Forms Packet

Required Acknowledgements, Disclosures, and Household Information Forms

This packet contains

Consent to Background Check
Disaster and Emergency Plan Acknowledgement
Seat Belt, Child Safety Seat, and Motorcycle Acknowledgement
Foster Family Budget Sheet
Trampoline Policy Acknowledgement
Household Pet Information

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Seven forms — please complete, sign, and return the entire packet.

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Authorization for criminal history and central registry screening.

2 Disaster and Emergency Plan Acknowledgement

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3 Seat Belt, Child Safety Seat, and Motorcycle Acknowledgement

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Before you begin

Complete every field, initial where indicated, and sign each acknowledgement. Return the full packet to your case manager. Contact the agency office with any questions.

1 | Consent to Background Check

For foster parents, caregivers, household members, employees, volunteers, contractors, and subcontractors

I authorize Aim to Achieve Child Placing Agency to obtain information relating to my criminal history and abuse or neglect history. Required screening may include a Texas Department of Public Safety criminal history check, a Texas Central Registry check, FBI fingerprinting for a national criminal history check, and registry checks in other states where I have lived during the previous five years.

I understand that records received from reporting agencies may include arrest and conviction information and will be used, in part, to determine my eligibility to serve in the role identified above. I understand that I may review the information and use available procedures to request clarification or correction when I dispute a record.

This authorization applies to the initial screening and to subsequent background checks required while I am associated with Aim to Achieve CPA. I understand that if my history requires a risk evaluation for contact with children, Aim to Achieve CPA will not conduct the risk evaluation. I also understand that I am responsible for fingerprinting costs unless the agency confirms otherwise in writing.

INDIVIDUAL INFORMATION

First name	
Middle name	
Last name	
Other names used, including maiden or married names	
Social Security number	
Date of birth	

Gender ☐ Male ☐ Female ☐ Other	
Email address	

Phone number	
Driver license or ID number and state	

Race

☐ Black ☐ White ☐ Asian / Pacific Islander ☐ American Indian / Alaska Native

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Present address	
County	

Other Texas cities where you have lived
Out-of-state residence during the last five years

Residency statement

☐ I have not established residency in another state during the previous five years.

☐ I have established residency in the following states during the previous five years:

_____

Attach a copy of your driver license or state-issued identification and Social Security card.

Applicant or individual — Signature	**Date**
X _____	_____

2 | Disaster and Emergency Plan Acknowledgement

Responsibilities of Aim to Achieve CPA staff and foster families for developing, maintaining, practicing, and reviewing disaster and emergency plans

PLAN REQUIREMENTS

Before verification, the Foster Home Developer or Licensed Child Placing Agency Administrator ensures that the family completes an individualized Disaster and Emergency Plan. The case manager or child placing management staff provides the family with the agency plan and relevant policies to support development of the home plan.

The home plan must address potential emergencies including fire, severe weather, and transportation emergencies. Required disaster-planning training must be completed before verification and annually thereafter.

The family completes and updates its disaster questionnaire and plan before verification, during re-verification, and whenever household or emergency information changes. A current copy must remain in the home, and Aim to Achieve CPA maintains a copy in the foster-family record at its administrative office.

The case manager addresses any deficiency before verification and confirms during monthly visits that changes are reported promptly and the current home and agency plans remain readily accessible.

The family practices the plan at least annually by discussing fire and severe-weather procedures with children in care, conducting a fire drill that allows safe exit within three minutes, and conducting a severe-weather drill.

Documentation of each discussion or drill must identify who participated and record the date and time. The case manager reviews this documentation during home visits.

The individualized home plan must be approved and signed by the foster parent or parents, the case manager, and the Licensed Child Placing Agency Administrator.

Aim to Achieve CPA reviews and updates its agency plan when administrative, facility, construction, emergency contact, or other material information changes, and at least annually. The case manager and foster family review both plans at least annually and at each re-verification.

Updates and reviews must be documented and communicated. Aim to Achieve CPA provides its current agency plan to foster parents and maintains the home plan in agency records consistent with applicable minimum standards, including 26 TAC §749.2801(b).

FOSTER PARENT ACKNOWLEDGEMENT

I have received and read the Aim to Achieve CPA Disaster and Emergency Policy and the applicable agency plan. I had an opportunity to discuss the information and ask questions in a language I understand. My questions were answered, and I understand my responsibilities for maintaining and practicing my household plan.

Foster parent 1 — Signature **X** _____	**Date** _____
Foster parent 2 — Signature **X** _____	**Date** _____

AGENCY STAFF ACKNOWLEDGEMENT

I presented the Aim to Achieve CPA Disaster and Emergency Policy to the foster parent or parents, responded to questions to the best of my ability, and believe the family understands the policy and its responsibilities.

Aim to Achieve CPA staff member and title — Signature	**Date**
X _____	_____

3 | Seat Belt, Child Safety Seat, and Motorcycle Acknowledgement

Confirms the foster family understands and will follow applicable vehicle-restraint and motorcycle-safety requirements for children in care

ACKNOWLEDGEMENT

I understand that children younger than 17 years of age who ride in a passenger van designed to carry 15 or fewer people must be secured by a seat belt or an appropriate child passenger safety seat, consistent with the requirements referenced in House Bill 537 and applicable Texas law.

I also understand that children younger than five years of age may not ride on a motorcycle. I agree to follow all current Texas laws, minimum standards, manufacturer instructions, and Aim to Achieve CPA transportation policies, including any requirement that is more protective than the statements above.

☐ I have read, understand, and agree to comply with this acknowledgement.

Foster parent 1 — Signature **X** _____	**Date** _____
Foster parent 2 — Signature **X** _____	**Date** _____
Aim to Achieve CPA representative — Signature **X** _____	**Date** _____

4 | Foster Family Budget Sheet

Household income, expenses, assets, and insurance information

Applicant name or names _____

MONTHLY INCOME

Income source	Gross monthly	Net monthly
Foster parent applicant 1	$	$
Foster parent applicant 2	$	$
Other income — Explain	$	$
Proof of 60 days income — Applicant 1 ☐ Yes ☐ No	$	$
Proof of 60 days income — Applicant 2 ☐ Yes ☐ No	$	$
60 days bank statements attached ☐ Yes ☐ No	$	$

If any required proof is not attached, explain and list follow-up needed

_____

_____

MONTHLY EXPENSES AND AMOUNTS OWED

Expense	Monthly amount	Total owed / past due
Home mortgage or rent	$	$
Other property	$	$
Vehicle payments	$	$
Gasoline and vehicle maintenance	$	$
Utilities and telephone	$	$
Groceries	$	$
Medical and dental	$	$
Clothing	$	$
Recreation and entertainment	$	$
Life, medical, household, auto insurance (not payroll deducted)	$	$

Expense	Monthly amount	Total owed / past due
Property taxes	$	$
Miscellaneous, including church, lunches, or child care	$	$
Pet needs	$	$
Revolving charge accounts — Specify	$	$
Other debts or expenses — Specify	$	$
Proof of 60 days expenses or bills attached ☐ Yes ☐ No	$	$
TOTAL MONTHLY EXPENSES	**$**	**$**

ASSETS

Asset	Estimated value	Other information
Home	$	
Other property	$	
Vehicles — include number owned	$	
Savings	$	
Stocks or investments	$	
Other — Specify	$	

INSURANCE

Medical carrier — Applicant 1 _____

Medical carrier — Applicant 2 _____

Other applicant medical carrier _____

Children medical carrier _____

Life insurance carrier — Applicant 1 _____

Life insurance carrier — Applicant 2 _____

Other applicant life insurance carrier _____

Children life insurance carrier _____

☐ Will available insurance cover pre-existing conditions? Yes ☐ No ☐ Unknown

Foster parent applicant 1 — Signature	Date
X _____	_____
Foster parent applicant 2 — Signature	**Date**
X _____	_____

For office use only — File number

_____

5 | Trampoline Policy Acknowledgement

Aim to Achieve CPA prohibits trampolines at verified or prospective foster homes

Aim to Achieve CPA prohibits trampolines at verified or prospective foster homes. A trampoline located at a prospective foster home must be removed before the home may be verified.

POLICY ACKNOWLEDGEMENT

I understand and agree that no trampoline may be installed, stored for use, or used at my foster home while I am an applicant or verified foster parent with Aim to Achieve CPA. I will notify the agency before adding recreational equipment that may require a safety assessment or prior approval.

☐ I confirm that there is no trampoline at my home.

☐ A trampoline is currently present and will be removed before verification. Target removal date: _____

Foster parent 1 — Signature **X** _____	**Date** _____
Foster parent 2 — Signature **X** _____	**Date** _____
Case manager or agency staff member — Signature **X** _____	**Date** _____

6 | Household Pet Information

Pet inventory, vaccination status, and safety planning for animals in the home

Applicant name or names _____

Home address _____

HOUSEHOLD PET STATUS

☐ We do not have pets in our home.

☐ We have pets in our home and have provided Aim to Achieve CPA with copies of current vaccination records for each pet.

Complete the information below for every animal that lives at or regularly visits the home. Attach another page if needed.

Pet name	Species	Breed, color, size	Age / sex	Vaccinations current	Temperament / restrictions / safety plan

APPLICANT CERTIFICATION

I certify that the information above is complete and accurate. I will maintain required vaccinations, safely supervise interactions between animals and children, and notify Aim to Achieve CPA of any new pet, bite, aggressive behavior, illness, or other change that may affect health or safety.

Applicant 1 signature	Applicant 2 signature
X _____ Date _____	X _____ Date _____

Aim to Achieve CPA representative — Signature	Date
X _____	_____