



Circles Of Care Inc. Corpus Christi  
 5333 Everhart, Suite 150B  
 Corpus Christi, TX 78411

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**INITIAL REQUIREMENTS FOR FOSTER PARENTS**

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H.H. Date Completed	PAPERWORK	C.O.C.I. Date Completed
_____	<input type="checkbox"/> If married, copy of Marriage Certificate. If divorced or widowed, copy of documentation showing it has been at least one year.	_____
_____	<input type="checkbox"/> Copy of drivers license.	_____
_____	<input type="checkbox"/> Copy of Social Security Card.	_____
_____	<input type="checkbox"/> Consent & Release forms for criminal check.	_____
_____	<input type="checkbox"/> Provide a floor plan sketch of your home.	_____
_____	<input type="checkbox"/> Draw fire escape routes using floor plan.	_____
_____	<input type="checkbox"/> Weapons Inventory form.	_____
_____	<input type="checkbox"/> General House Rules.	_____
_____	<input type="checkbox"/> Picture of outside view of you home and a pictures of your family.	_____
_____	<input type="checkbox"/> Copy of Home Owners/Renters Liability Insurance coverage.	_____
_____	<input type="checkbox"/> Copy of Car Insurance coverage.	_____
_____	<input type="checkbox"/> Safety Water Course if home is equipped with a pool (group homes).	_____
_____	<input type="checkbox"/> List of emergency numbers posted in home: 911, Police, Fire, Work, C.O.C.I.	_____
_____	<input type="checkbox"/> Doctor/Dentist/Hospital provider form.	_____

H.H. Date Completed	INSPECTIONS	C.O.C.I. Date Completed
_____	<input type="checkbox"/> Fire Inspection	_____
_____	<input type="checkbox"/> Health Inspection	_____
_____	<input type="checkbox"/> Gas Inspection (group homes)	_____
_____	<input type="checkbox"/> Pet (rabies vaccinations)	_____
_____	<input type="checkbox"/> Complete TB test on everyone in the home	_____

Your Social Worker will help coordinate and help you get set up to do the 40 hours volunteering/shadowing for specialized care children.

Only one spouse has to receive the 40 hours of supervision before a specialized placement is made in your home. The other spouse receives the supervision directly from the spouse that did receive the initial supervision after placement is made in your home. The spouse that is receiving the supervision, while a child is placed in your home, cannot be left lone with the child until the 40 hours are met. Two-six days constitutes the 40 hours depending on how often the provider works outside the home.

Once all this information is completed and in your file at Circles Of Care Inc. you will e issued a license. At this time you will also sign your contract with Circles of Care. The license will be required to be posted somewhere in your home. After you are licensd there are yearly requirements you have to obtain to maintain your license such as ongoing training. You must also keep current in your file all required copies of pet vaccinations, car insurance, home insurances, etc.



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This is a list of all the requirements that are needed to become a licensed therapeutic foster parent. Your Social Worker will help you with any questions you may have. This information is kept in your file at the Circles Of Care offices to meet State and Circles Of Care standards. You may use this as a checklist, for your convenience, to check off requirements you have obtained, to help you gauge and keep track of where you are at the licensing process.

*Please check off and date as you complete and turn in these requirements.*

H.H. Date Completed	GENERAL	C.O.C.I. Date Completed
	Requirement (* Denotes items that have to be done/completed first. All other items can occur in any order.)	
_____	<input type="checkbox"/> Attended Orientation meeting (1 hour)*	_____
_____	<input type="checkbox"/> Complete application and behavior tolerance checklist *	_____
_____	<input type="checkbox"/> Have four (4) references completed 1 family member, 2 non-family, 1 co-worker (or employer if applicable)	_____
_____	<input type="checkbox"/> Complete a home study with a Circles Of Care Social Worker	_____

H.H. Date Completed	TRAINING	C.O.C.I. Date Completed
	Requirement	
_____	<input type="checkbox"/> Abuse and Neglect	_____
_____	<input type="checkbox"/> Child Development	_____
_____	<input type="checkbox"/> Understanding Children, Their Families and Permanency	_____
_____	<input type="checkbox"/> Psychotropic Medication Training	_____
_____	<input type="checkbox"/> Separation And Loss	_____
_____	<input type="checkbox"/> Child Discipline and Behavior Management	_____
_____	<input type="checkbox"/> Standards and Policy Overview	_____
_____	<input type="checkbox"/> Working As Part Of A Professional Team	_____
_____	<input type="checkbox"/> CPR	_____
_____	<input type="checkbox"/> First Aid	_____
_____	<input type="checkbox"/> Specialized Care Supervision . Shadowing (40 hours)	_____
_____	<input type="checkbox"/> Managing Aggressive Behavior	_____