



# Circles of Care

## General Application for Potential Providers

If two parent household a separate application needs to be submitted by both parents

### APPLICANT ADDRESS

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

### APPLICANT PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Other Last Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Gender:  Male  Female Citizenship Status:  U.S. Citizen  Permanent Resident

Marital Status:  Married  Divorced  Separated  Single  Other: \_\_\_\_\_

Ethnicity:  Hispanic  African American  Caucasian  Native American  Other: \_\_\_\_\_

Religion:  Catholic  Lutheran  Protestant  Jewish  Baptist  Other: \_\_\_\_\_

If applicable; name of church/ religious institution: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home (if applicable): (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Who is your cell phone provider:  ATT  Sprint  T-Mobile  Verizon  Other: \_\_\_\_\_

How did you hear about Circles of Care: \_\_\_\_\_

Are you Interested in:  Foster Care  Adoption  Foster to Adopt  Kinship

**CURRENT RESIDENCE/HOME ENVIRONMENT**

**Type of Housing:**  House ( Own/  Rent)  Apartment  Mobile home  Duplex

**Approximate value of residence:** \$ \_\_\_\_\_

**Number of:** Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Floors: \_\_\_\_\_

**Water Service:**  City Water and Sewer  Well and / or Septic Tank

**Cooling/Heating:**  Central Heat/Air  Window Units

**Types of Appliances:**  Electric  Gas  Both

**Firearms/Weapons in the home:**  Yes  No

**Firearms/Weapons Storage (must be double locked):** \_\_\_\_\_

**Trampoline:**  Yes  No

**Pool:**  Yes  No

**Hot Tub:**  Yes  No

**Pets:**  Yes  No

**Name:** \_\_\_\_\_ **Type of Pet:**  Dog  Cat  Other: \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Type of Pet:**  Dog  Cat  Other: \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Type of Pet:**  Dog  Cat  Other: \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Type of Pet:**  Dog  Cat  Other: \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Type of Pet:**  Dog  Cat  Other: \_\_\_\_\_ **Breed:** \_\_\_\_\_

\*Each pet must have current rabies vaccinations on file with Circles of Care at all times.

**MOTOR VEHICLE INFORMATION (Any Vehicle Transporting Children in Care)**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

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**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

\*All vehicles transporting children must stay current with their registration and insurance

**MEMBERS OF THE HOUSEHOLD**

<p><b>Full Name:</b> _____</p> <p><b>Date of Birth:</b> ____ / ____ / ____    <b>Age:</b> ____    <b>Social Security Number:</b> ____ - ____ - ____</p> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female    <b>Relationship:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____</p>
<p><b>Full Name:</b> _____</p> <p><b>Date of Birth:</b> ____ / ____ / ____    <b>Age:</b> ____    <b>Social Security Number:</b> ____ - ____ - ____</p> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female    <b>Relationship:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____</p>
<p><b>Full Name:</b> _____</p> <p><b>Date of Birth:</b> ____ / ____ / ____    <b>Age:</b> ____    <b>Social Security Number:</b> ____ - ____ - ____</p> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female    <b>Relationship:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____</p>
<p><b>Full Name:</b> _____</p> <p><b>Date of Birth:</b> ____ / ____ / ____    <b>Age:</b> ____    <b>Social Security Number:</b> ____ - ____ - ____</p> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female    <b>Relationship:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____</p>
<p><b>Full Name:</b> _____</p> <p><b>Date of Birth:</b> ____ / ____ / ____    <b>Age:</b> ____    <b>Social Security Number:</b> ____ - ____ - ____</p> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female    <b>Relationship:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____</p>

**FAMILY MEMBERS NOT LIVING HOUSEHOLD**

<p><b>Full Name:</b> _____</p> <p><b>Date of Birth:</b> ____ / ____ / ____    <b>Age:</b> ____    <b>Relationship:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter</p> <p><b>Address:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Email:</b> _____</p>
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**Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Relationship:**  Son  Daughter  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Relationship:**  Son  Daughter  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Relationship:**  Son  Daughter  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

\*All Adult Children and any child over the age of 13 residing outside of the home will be contacted for a reference.  
Please use additional sheets if necessary

**EDUCATION BACKGROUND**

**High School:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
**Graduate:**  Yes  No **Year of Graduation if Applicable:** \_\_\_\_\_

**College/University/Trade:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
**Graduate:**  Yes  No **Year of Graduation if Applicable:** \_\_\_\_\_ **Degree/Trade:** \_\_\_\_\_

**College/University/Trade:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
**Graduate:**  Yes  No **Year of Graduation if Applicable:** \_\_\_\_\_ **Degree/Trade:** \_\_\_\_\_

**EMPLOYMENT HISTORY (Last 10 Years)**

**Dates of Employment:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Current Salary:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

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**Dates of Employment:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

\*Please use additional sheets if necessary

**MILITARY SERVICE**

**Branch:** \_\_\_\_\_

**Dates of Service:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**Type of Discharge:** \_\_\_\_\_

**MEDICAL BACKGROUND**

Please described any/all major as well as minor health issues: \_\_\_\_\_

\_\_\_\_\_

Are you or any household member being treated for physical or psychological illness?  Yes  No

If Yes Please explain: \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS**

Are you taking any medication (prescribed and/or over the counter)?  Yes  No

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

\*Please use additional sheets if necessary

**CRIMINAL HISTORY**

Have you or any member of the household ever been arrested?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you or any member of the household ever been convicted of a misdemeanor or felony?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse/ or family member living in your home ever been a subject of a report which addresses the serious physical, emotional, sexual abuse or neglect of a child?  Yes  No

If yes, please explain to include dates and circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of your children ever been involved with juvenile court?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**RESIDENCE HISTORY (Past 10 Years)**

**Full Physical Addresses are Required**

**Date (Month & Year) moved into current address:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Dates (Month & Year) Resided at Address:** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Move:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Dates (Month & Year) Resided at Address:** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Move:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Dates (Month & Year) Resided at Address:** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Move:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Dates (Month & Year) Resided at Address:** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Move:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Dates (Month & Year) Resided at Address:** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Move:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Dates (Month & Year) Resided at Address:** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Move:** \_\_\_\_\_

**Previous Physical Address:** \_\_\_\_\_

**Dates (Month & Year) Resided at Address:** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Move:** \_\_\_\_\_

\*Please use additional sheets if necessary

**LOCAL AND COMMUNITY RESOURCES**

**What school district is the residence located in?** \_\_\_\_\_

**Elementary School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Middle School/Junior High:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**High School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Other Specialty School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Nearest Medical Facility/Hospital to the residence:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Other community resources in the area (library, boy/girl scouts, YMCA, parks):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS AND INTERESTS**

**Foreign Languages:** \_\_\_\_\_ **Fluency:** \_\_\_\_\_

**Interests and Hobbies:** \_\_\_\_\_

\_\_\_\_\_

**Social Activities you participate in:** \_\_\_\_\_

\_\_\_\_\_

**Professional organizations you belong to:** \_\_\_\_\_

\_\_\_\_\_

**Volunteer work you have done:** \_\_\_\_\_

\_\_\_\_\_



**EMERGENCY CONTACTS**

**In the event that the caregiver(s) is unable to provide care to a child in the home; Circles of Care is requesting emergency contact information for any family or friends that would be willing to step in and assist with caregiver responsibilities.**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Willing to get Background Check:**  Yes  No

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Willing to get Background Check:**  Yes  No

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Willing to get Background Check:**  Yes  No

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Willing to get Background Check:**  Yes  No

**GENERAL QUESTIONS**

**Why do you want to become a foster care provider?** \_\_\_\_\_

\_\_\_\_\_

**What do you feel you and your family can offer a foster child living in your home?** \_\_\_\_\_

\_\_\_\_\_

**Give a brief description of your own childhood, including where you lived, how you were disciplined, how your family communicated, etc.:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has any member of your family been in foster care?**  Yes  No

**If yes, who was in care and for how long?** \_\_\_\_\_

**Have you ever been licensed to provide foster care or adoption with another Child placing agency?**  Yes  No

**If yes, with what Child Placing Agency and dates of licensure?** \_\_\_\_\_

\_\_\_\_\_

**How would you handle the financial situation if your foster care stipend check failed to arrive when expected?**

\_\_\_\_\_

\_\_\_\_\_

**What methods of discipline do you think are appropriate for children?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe any experience you have in working with children who have emotional, physical, or behavioral problems and what you have learned from that experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever taken anyone into your home for an extended period of time?**

Yes  No

**If so, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Describe a typical week for you, including what you do in your spare time:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you consume alcohol, tobacco, and /or drugs?**

Yes  No

**If yes, please described the usage and frequency:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How do you deal with your frustration and anger towards other people, in particular, children and adolescents?**

\_\_\_\_\_  
\_\_\_\_\_

**How do you respond to being supervised by another person?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How do you believe supervision could help you?** \_\_\_\_\_

\_\_\_\_\_

**How would your lifestyle change with a foster child in your home?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What do you think would make a child:**

**Runaway?** \_\_\_\_\_

**Hurt him/herself or someone else?** \_\_\_\_\_

**Damage Property?** \_\_\_\_\_

**Have a tantrum?** \_\_\_\_\_

What could you do to prevent some of the above situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECTIVE QUESTIONS**

**My family raised me to value:**

1. \_\_\_\_\_
2. \_\_\_\_\_
- 3: \_\_\_\_\_

**My three greatest strengths are:**

- 1 \_\_\_\_\_
2. \_\_\_\_\_
- 3: \_\_\_\_\_

**My three greatest weaknesses are:**

1. \_\_\_\_\_
2. \_\_\_\_\_
- 3: \_\_\_\_\_

**The worst part of my adolescence was:** \_\_\_\_\_  
\_\_\_\_\_

**I expect a child in my care to:** \_\_\_\_\_  
\_\_\_\_\_

**I can tell when I am burned out when:** \_\_\_\_\_  
\_\_\_\_\_

**I want to learn more about:** \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

**FAMILY MEMBER**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NON-FAMILY MEMBER (must have two that are associated with you in the community):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-WORKER/EMPLOYER (3<sup>rd</sup> Non-Family if Self Employed):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**I affirm that the information provided on this application is true, correct, and completed to the best of my knowledge and belief. I acknowledge that any false or misleading statements willfully or knowingly made to Circles of Care, or failure to disclose material facts can result in a denial of licensure.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**CIRCLES OF CARE  
BEHAVIOR TOLERANCE CHECKLIST**

**This sheet is to be completed as part of your licensing procedure. This list will be reviewed with the COC worker and specific areas will be discussed. It will be used in the consideration of future placements.**

**Check the column which best describes your family’s reaction to each item and your ability to work with such behaviors and issues. Make additional comments if appropriate. If providers differ in their opinion, they may check different columns and designate “1” and “2”**

BEHAVIOR	COULD HANDLE	COULD POSSIBLY	WOULD NOT HANDLE	QUALITY, DEGREE, EXTENT, OR ADDITIONAL COMMENTS.
DEPRESSION				
WITHDRAWL				
DESTRUCTION OF PROPERTY				
SELF INJURIOUS BEHAVIOR				
HYPERACTIVITY				
DEFIANCE				
VERBAL AGGRESSION				
PHYSICAL AGGRESSION				
SEVERE PHYSICAL HANDICAP				
LEARNING DIFFICULTIES				
NERVOUS MANNERISMS				
MENTAL RETARDATION				
SPEECH IMPEDIMENT				
CRYING OR WHINNING				
SUICIDAL THOUGHTS				
TALKING BACK				
POOR HYGIENE HABITS				
OVEREATING				
ANOREXIA/BULIMIA				
RUNNING AWAY				
SWEARING				
SMOKING (CIGARETTES,ETC.)				
FIGHTING				
STEALING				
ALCOHOL				
OTHER DRUG/ CHEMICAL ABUSE				
SEXUAL ACTING OUT				
MASTERBATION				
ENURESIS ( BEDWETTING)				
ENCOPREIS (UNCONTROLLABLE BOWL MOVEMENTS)				
PREGNANCY				
TEMPER TANTRUMS				
LYING				

**RIGHT OF REFUSAL TO DENY LICNEUSRE AND FREE REIMBRUSEMENT  
ACKNOWLEDGEMENT**

Circles of Care reserves the right to deny licensure of foster care or adoption applicants at any time during the licensing process.

Foster and Adoptive Parents who apply with Circles of Care apply as potential providers to be licensed by Circles of Care. The licensing procedure is a “process” that involves many steps and has many requirements. Some of the steps include an FBI check, home study, training, background check and home inspections. Every step and requirement is an opportunity for Circles of Care to evaluate the applicants to determine if the applicants are a good fit for our agency and can meet the needs of the children we serve. Circles of Care reserves the right to deny potential foster and adoption applicants at any time during the licensing process.

Circles of Care is not responsible for any lost work or wages for the time or effort the applicant spends to go through the licensing process, regardless of whether or not the licensure occurs.

In addition, as part of the licensing process, there are certain requirements to include: FBI background checks, Fire Inspections, Health Inspections and TB testing that incur a cost to the applicants. Circles of Care reimburses up to a certain amount for inspection fees and TB testing. The reimbursement amount Circles of Care will pay can change from year to year based on budgets. Applicants need to inquire and know the current reimbursement for these costs and factor that into their decision to pursue licensure.

Applicants are not to schedule or obtain these requirements that have associated fees, unless specifically instructed to do so by Circles of Care. The reimbursement amounts provided by Circles of Care will only be paid to the applicant if Circles of Care had specifically instructed the applicants to obtain these requirements.

No supplies or repairs that may be required to pass such inspections are paid for by Circles of Care nor reimbursed to the applicant regardless of whether or not the applicant is licensed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## FIRE AND HEALTH INSPECTION ACKNOWLEDGEMENT

As part of the assessment to license a potential foster home, all homes must receive fire and health inspections from the county health department and the city or state fire departments. Once licensed, these inspections are required to be repeated every two (2) years for regular homes and for group homes, once every year.

Circles of Care will reimburse homes for some of the cost of the inspections. Inspection fees range by city and county and the amount Circles of Care will reimburse can change based on budgets. Please inquire about what the current inspection fee reimbursement is and factor that in to your decision to pursue licensure.

For new potential homes, this reimbursement is done after the home is officially licensed or denied and for current homes, once the inspection reports have been turned in to Circles of Care.

Circles of Care reimburses for the inspection fee cost only. Circles of Care does not pay or reimburse for anything that is required to be done to your home to pass these inspections such as having fire alarms, fire extinguisher or repair and maintenance that the inspectors feel is needed on your home.

Common things needed to pass inspections:

For Fire:

- Fire Extinguisher (5lbs) one each floor of the home
- Fire Alarms on each floor if 2 story
- Carbon Monoxide detector if home is equipped with gas.
- A/C unit serviced or checked out by AC Company.

For Health:

- First Aid kit
- Child cover protectors on electrical outlets

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date