



ISAIAH'S PLACE

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*Alternative Caregivers can provide care for foster children for planned or emergency care for **up to 24 hours**.*

Please complete this form and give to your Licensing Specialist to request approval of an individual, couple or agency to provide alternate care for children in foster care placed in your home. Complete one form per applicant address.

Foster Parents Making Recommendation:		Date:
Description of relationship to foster parent:		
Alternative Care Provider 1:	Birthdate: / / Cell Phone:	SS #:
Alternative Care Provider 2:	Birthdate: / / Cell Phone:	SS #:
Address:		
Home Phone Number:		

Recommended Type of Alternative Care:		
<input type="checkbox"/> Certified Childcare Center	<input type="checkbox"/> Certified In Home Childcare Provider	<input type="checkbox"/> Alternate Caregiver for up to 24 hours

Please submit the following items along with this form to Isaiah's Place:		
<input type="checkbox"/> Photo/Copy of Driver's License <input type="checkbox"/> Photo/Copy of Social Security Card	<input type="checkbox"/> Consent for National Sex Offender Search	<input type="checkbox"/> Signed consent for child abuse/neglect registry search (AP Search)
<u>Childcare Centers or In-Home Childcare Providers (Type A or B):</u> <input type="checkbox"/> Documentation of license		

I, the undersigned, give permission for Isaiah's Place to request a search from the **National Sex Offender Registry** in order to complete my application for Alternative Care Provider.

Date _____

Date _____

VOLUNTEER CONSENT FOR ALLEGED PERPETRATOR SEARCH CHECK

Ohio's SACWIS Registry of alleged perpetrators of Child Abuse and Neglect is a confidential database containing allegations of reports of child abuse and neglect and the parties involved. Information contained in the SACWIS Registry is highly confidential and released only under strict guidelines set forth in federal and state rules and law.

SACWIS Registry search confirms whether an individual has been named an Alleged Perpetrator for a Substantiated or Indicated report of child abuse or neglect. If the search reveals there are no reports associated with the individual's name as an Alleged Perpetrator of child abuse or neglect, a "No Match" letter is provided. If the search reveals a report(s) associated with the individual's name as an Alleged Perpetrator of child abuse or neglect, a "Match" letter is provided. The "Match" letter confirms the individual as an alleged perpetrator and provides the date of each report, along with the allegation, case disposition (substantiated or indicated), and the county public children services agency who conducted the investigation.

Ohio Administrative Code rule 5180:2-33-21, *Confidentiality and Dissemination of Child Welfare Information*, allows an individual, private or public agency to request a search of the SACWIS registry and receive information about the status of an individual's name on the Ohio SACWIS Registry.

Agency representatives submitting requests on behalf of individuals for employees, or potential employees, must submit a statement of informed consent from the individual which includes all of the following:

1. The full name of the individual to be searched:
Applicant 1: _____
Applicant 2: _____
2. The name, address, and contact information for the agency making the request
Isaiah's Place Inc.
61 Stanfield Road, Troy, Ohio, 45373
937-335-3701
3. Who and where the results should be returned
 - a. Will be returned to Isaiah's Place and only Shelley Stoltz, Office Manager, and Bob Lybarger, Executive Director, will have direct access.
4. Do you confirm that you have had ample opportunity to ask questions? If so, sign below.

Applicant 1 Signature: _____ Date: _____
Applicant 2 Signature: _____ Date: _____

5. Do you confirm that you have read the statement and understand the nature of the search to be conducted?

Applicant 1 Signature: _____ Date: _____
Applicant 2 Signature: _____ Date: _____

6. Do you confirm that you expressly authorize ODJFS to release the search results to Isaiah's Place?

Applicant 1 Signature: _____ Date: _____
Applicant 2 Signature: _____ Date: _____

7. I, Isaiah's Place Staff representative, confirm the above named individual(s) is/are competent to consent to the search being completed via my signature below:

Signature: _____ Date: _____

This section to be completed by Isaiah's Place:		
ACP 1	ACP 2	
<input type="checkbox"/>	<input type="checkbox"/>	individual is 18 years or older
<input type="checkbox"/>	<input type="checkbox"/>	color copy of drivers license
<input type="checkbox"/>	<input type="checkbox"/>	AP search completed on:
<input type="checkbox"/>	<input type="checkbox"/>	National Sex Offender Search completed on:
<input type="checkbox"/>	<input type="checkbox"/>	Background Check returned & approved (only if required by the county)
<input type="checkbox"/>	<input type="checkbox"/>	placement county Contacted
<input type="checkbox"/>	<input type="checkbox"/>	Foster Family Record updated in system

A **National Sex Offender Registry** search was conducted on the following individual(s):

Applicant 1

Applicant 2

All results have been reviewed, and no matches were found with the individual.

Isaiah's Place Compliance Coordinator

Date

Agency Decision for Alternate Care Provider Application:

Application for:

Applicant 1

Applicant 2

Has been reviewed and is approved/denied effective, _____.

Isaiah's Place Licensing Department

Date