**Application for Alternate Care Provider**

*All childcare arrangements must be approved by Isaiah’s Place Agency according to OAC 5101:2-7-08. 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:** | | |
| * Certified Childcare Center | * Certified In Home Childcare Provider | * **Alternate Caregiver for up to 24 hours** |

|  |  |  |
| --- | --- | --- |
| **Please submit the following items along with this form to Isaiah’s Place:** | | |
| * Photo/Copy of Driver’s License * Photo/Copy of Social Security Card | * Consent for National Sex Offender Search | * Signed consent for child abuse/neglect registry search (AP Search) |
| Childcare Centers or In-Home Childcare Providers (Type A or B):   * 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.

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

Applicant 1 Date

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

Applicant 2 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 5101:2-33-21, *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.   

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

1. Who and where the results should be returned
   1. Will be returned to Isaiah’s Place and only Shelley Stoltz, Office Manager, and Bob Lybarger, Executive Director, will have direct access.
2. Do you confirm that you have had ample opportunity to ask questions? If so, sign below.

Applicant 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Applicant 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 |  |
|  |  | individual is 18 years or older |
|  |  | color copy of drivers license |
|  |  | AP search completed on: |
|  |  | National Sex Offender Search completed on: |
|  |  | Background Check returned & approved (only if required by the county) |
|  |  | placement county Contacted |
|  |  | 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