

Health Report for Foster and Adoptive Parents

If family members are under the care of separate practitioners, complete a form for each member. The family should complete Part C before visiting the health practitioner.

A. To the health practitioner:

The family named below plans to give care to children and has been asked to obtain this statement from their health practitioner. Your assistance in verifying the fact that the family members are in sound physical and mental health will assist us in completing the study of this family. Thank you.

Contractor Licensing Worker's Signature

Father's Name		Mother's Name	
Children			
Street			
City	County	State	Zip Code

B. Health practitioner's statement:

- On the basis of my examination of the members of this family, each member is in sound physical and mental health and there is no evidence of any communicable or infectious disease which would be detrimental to the well-being of a child placed in this home. The family's health would not prevent them from providing needed care to children.
- The following problems prevent me from signing the statement above and cause me to recommend against licensing as a foster family home or approval as an adoptive family.

Health Practitioner's Signature

Date

C. To be completed by family before visiting health practitioner:

Does any member of your family have a history of any of the following? Check yes or no. If yes, indicate each affected person's name.

<u>Yes</u>	<u>No</u>	<u>Name of Person Affected</u>
<input type="checkbox"/>	<input type="checkbox"/>	Anemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis _____
<input type="checkbox"/>	<input type="checkbox"/>	Hernia _____
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease _____
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis _____
<input type="checkbox"/>	<input type="checkbox"/>	Ulcers _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

Has any member of your family had operations, broken bones, or serious accidents during the past two years? If so, describe below:

Type of Incident	Person Involved	Approximate Date

I agree that all findings of the examination be submitted to the Iowa Department of Human Services and

(Name of licensed child placing agency, if appropriate)	
Signed	Date

HIV General Agreement

Foster or Adoptive Parent Names

I agree to accept a foster or adoptive child who is known to:

- Yes No have AIDS.
- Yes No have tested HIV positive.
- Yes No be at risk for HIV infection.

If yes to the above:

We have will soon receive training in the care of children or youth who are HIV-infected.

We understand that although we have agreed to care for HIV-infected children, we can refuse the placement of a specific child for reasons other than the child's HIV status.

We understand that we may withdraw this agreement at any time by notifying the Department in writing of the decision to withdraw this agreement.

Foster or Adoptive Parent Signature	Date
Foster or Adoptive Parent Signature	Date
Contractor Home Study Worker Signature	Date

Lead Paint Assessment

My place of residence was built before 1960. I certify that I have conducted a visual assessment for lead hazards that exist in the form of peeling or chipping paint in my residence.

I conducted the visual assessment on _____.
Date

I certify that I have applied interim controls using safe work methods if the presence of peeling or chipping paint was found.

Interim controls are measures designed to temporarily reduce human exposure or likely exposure to lead-based paint hazards, such as repairing deteriorated lead-based paint, specialized cleaning, maintenance, painting, and temporary containment.

- My visual assessment did not find any form of peeling or chipping paint in my residence.
- My visual assessment did find a form of peeling or chipping paint and I have applied interim controls.
- My visual assessment did find a form of peeling or chipping paint and I have **not** applied interim controls.

I will apply the interim control measures by _____.
Date

Person who completed the visual assessment

Foster Care Private Water Supply Survey

Applicants' Names
Address

A. Well Location

Distance from: _____ House
_____ Barnyard
_____ Septic tank/cesspool/privy
_____ Abandoned wells
_____ Other

Drainage: Ground surface sloped away from well Yes No

On back of this form, sketch house with location of wells, garage, barn, septic tank, roads, ponds, streams, and any other relevant features. Mark approximate distances and note direction of slope.

B. Well Condition

Well top or cover tight with no signs of contamination entry Yes No
Comments:

C. Water Quality or Laboratory Report (Attach Report)

Coliform bacteria level Safe Unsafe
Nitrate level Safe Unsafe
Comments:

D. Water Treatment or Alternate Source

If water is boiled or obtained from a source other than the well, i.e. bottled or carried into the home, explain the reason and describe source of water and method of storage

Signature of Contractor Licensing Worker	Date
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Provisions for Alternate Water Supply

Assurances from foster family:

I agree to provide safe drinking water to all foster children placed in my home. I also agree to ensure that foster children drink only safe water. I will obtain safe drinking water from:

(Place/name where supply will be obtained)

- This is: Purchased bottled water
 A public water supply
 A private water supply (Attach form 470-0693 and water analysis report)

I will use the following storage procedures to ensure that the safe water supply identified above does not become contaminated (briefly identify gathering and transportation process, storage containers, length of storage, location of storage, etc.):

I will take the following steps to ensure that foster care children do not drink unsafe water:

In the case of purchased water, I will keep all the receipts for review by the licensing worker.

Signature of Applicant 1	Date
Signature of Applicant 2	Date

Licensing agency agreement:

This above plan is to ensure that any foster care child placed in this home will drink only safe water. I certify that I have discussed this plan with the foster parents. The foster family parents have agreed to honor this agreement. I will monitor compliance with this plan when making visits to the foster home.

Licensing Worker	Date
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I approve these conditions.

Signature of Service Area Manager or Designee	Date
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