



# CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

121 South Martin Luther King Blvd  
Las Vegas, Nevada 89106  
(702) 455-7200



## UNIVERSAL APPLICATION

### APPLICATION FOR:

FOSTER CARE  
  SPECIALIZED FOSTER CARE  
  NON PRIMARY  
  ADOPTION  
  ICPC

RELATIVE/SPECIFIC – NAME OF CHILD(REN):

### APPLICANT #1 INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth:	Place of Birth:		SSN:		
Driver's License and/or State ID #:			State:		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Resident #:		
Physical Address:					
City:			State:	ZIP Code:	
Email Address:		Phone:			
Primary Language:		Which language(s) do you speak fluently?			
Race:		Ethnicity:			
<input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino			

### APPLICANT #1 EMPLOYMENT INFORMATION

Current Employer:	
Employer Address:	Work Phone:
Occupation:	Monthly Salary: \$
Other Source of Income:	

### APPLICANT #2 INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth:	Place of Birth:		SSN:		
Driver's License and/or State ID #:			State:		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Resident #:		
Physical Address:					
City:			State:	ZIP Code:	
Email Address:		Phone:			
Primary Language:		Which language(s) do you speak fluently?			
Race:		Ethnicity:			
<input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino			

### APPLICANT #2 EMPLOYMENT INFORMATION

Current Employer:	
Employer Address:	Work Phone:
Occupation:	Monthly Salary:
Other Source of Income:	

## UNIVERSAL APPLICATION

### Marital Status

<input type="checkbox"/> Domestic Partner Effective date:	<input type="checkbox"/> Married Couple Effective date: 00/00/00	<input type="checkbox"/> Single Female	<input type="checkbox"/> Single Male	<input type="checkbox"/> Unmarried Couple
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### RESIDENCES

List the addresses where you have resided the last five years. Include the name of the county and dates resided.

Address	City	State/ZIP	County	Dates	Applicant 1, 2, or both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> both

### REFERENCES

References must have known applicant for at least 2 years and only 2 may be from relatives.

Name:	Relationship:	Phone:	Email:
Address:	City:	State/ZIP:	# of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:	City:	State/ZIP:	# of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:	City:	State/ZIP:	# of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:	City:	State/ZIP:	# of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:	City:	State/ZIP:	# of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:	City:	State/ZIP:	# of yrs. known:
Name:	Relationship:	Phone:	Email:
Address:	City:	State/ZIP:	# of yrs. known:

### ALL HOUSEHOLD MEMBERS

List SSN for all household members over the age of 18.

Name	Date of Birth	Age	SSN	Relationship

1. **Have you ever** applied to foster care?  Yes  No Comment:  
**Have you ever** been denied a foster care license?  Yes  No Comment:  
**Have you ever** been a foster parent in another state?  Yes  No Comment:

<b>Applicant #1:</b> Name of agency you applied with: Address of agency: Date:	<b>Applicant #2:</b> Name of agency you applied with: Address of agency: Date:
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## UNIVERSAL APPLICATION

2. **Have you ever** applied for a childcare license?  Yes  No Comment:  
**Do you** have a current license?  Yes  No Comment:

**Applicant #1:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**Applicant #2:**

Name of agency you applied with:  
 Address of agency:  
 Date:

3. **Have you ever** applied to adopt a child?  Yes  No Comment:  
**Have you ever** adopted a child?  Yes  No Comment:

**Applicant #1:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**Applicant #2:**

Name of agency you applied with:  
 Address of agency:  
 Date:

4. **Have you ever** applied for a license to provide care for adults or children?  Yes  No Comment:  
**Do you** have a current license?  Yes  No Comment:

**Applicant #1:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**Applicant #2:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**NOTE: Section 106 of the Federal Adoption and Safe Families Act:** a record check revealing a felony conviction for child abuse/neglect, or spousal abuse, or a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a court of competent jurisdiction has determined that the felony was committed at any time, such final licensure approval shall not be granted; in any case in which a record check reveals a felony conviction for physical assault, battery or a drug-related offense, and a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such final licensure approval shall not be granted.

5. Has **ANY** household member ever been arrested, convicted or currently facing charges, for ANY law enforcement violation/offense?  
 Yes  No If yes, please explain in Appendix A: Explanations

**Applicant #1:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**Applicant #2:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**Other** household member name:

Name of agency:  
 Address of agency:  
 Date:

**Other** household member name:

Name of agency:  
 Address of agency:  
 Date:

6. Is **ANY** household member currently or previously on parole or probation for an offense?  
 Yes  No If yes, please explain in Appendix A: Explanations

**Applicant #1:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**Applicant #2:**

Name of agency you applied with:  
 Address of agency:  
 Date:

**Other** household member name:

Name of agency:  
 Address of agency:  
 Date:

**Other** household member name:

Name of agency:  
 Address of agency:  
 Date:

7. Was **ANY** household member ever investigated for child abuse or neglect by Child Protective Services or law enforcement?  
 Yes  No If yes, please explain in Appendix A: Explanations

**Applicant #1:**

Name of agency you applied with:  
 Address of agency:  
 Date of investigation:

**Applicant #2:**

Name of agency you applied with:  
 Address of agency:  
 Date of investigation:

**Other** household member name:

Name of investigating agency:  
 Address of agency:  
 Date of Investigation:

**Other** household member name:

Name of investigating agency:  
 Address of agency:  
 Date of Investigation:

## UNIVERSAL APPLICATION

8. **Have you ever** voluntarily relinquished your parental rights or had your parental rights terminated by the courts?  
 Yes  No If yes, please explain in Appendix A: Explanations

9. **Have you ever** served in the military?  Yes  No If yes, please explain in Appendix A: Explanations  
Dates of service and type of discharge:

### HOW DID YOU LEARN ABOUT THE PROGRAM

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> TV        | <input type="checkbox"/> Relative      |
| <input type="checkbox"/> Radio     | <input type="checkbox"/> Agency/Court  |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Friend    | <input type="checkbox"/> Other         |

Submission of this application is not a guarantee of licensure as assessment is required in compliance with NAC's.

**NAC 424.185 Denial, suspension or revocation of license: Generally.** ([NRS 424.020](#), [424.030](#), [424.045](#))

The licensing authority shall deny, suspend or revoke a license to operate a foster home for a failure or refusal to comply with the licensing requirements for a foster home. The licensing authority shall evaluate that compliance based on information gathered as well as on its interpretation of that information considering its experience with foster children and foster homes. The first responsibility of the licensing authority is to ensure that licensed foster homes can provide for foster children. The licensing authority is not required to prove noncompliance in those areas which are a matter of judgment but may deny, suspend or revoke licensure based on reasonable doubt.

\_\_\_\_\_(Initial) I have read the above statement.

\_\_\_\_\_(Initial) I have read the above statement.

### SIGNATURES

**I/WE DECLARE that the information supplied in this application is complete and true. I/We understand that any incomplete or false information WILL result in an immediate rejection of my/our application.**

**I/WE grant DFS/Contracted Agencies permission to contact all of our references.**

Signature of Applicant #1:

Date:

Signature of Applicant #2:

Date:

**UNIVERSAL APPLICATION**

**Appendix A: Explanations (if applicable based on questions 4, 5, 6, 7, 8 and 9):**

**OFFICE USE ONLY**

Date Received:	Office Location:
Agency:	Assigned Worker:
Date Assigned:	



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## RELEASE OF INFORMATION

**Applicants seeking licensure as an Agency Foster Home are required to read and complete this form.**

**Regarding:**

Name of applicant #1:	Social Security Number:
Name of applicant #2:	Social Security Number:

You are authorized by the undersigned to release to the Department of Family Services, the information including, but not limited to, that indicated below. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. This authorization also permits release of medical information under the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act amendments of 1974 (P.L. 93-282). A photocopy of this form shall be as valid as the original.

**Data Requested:**

Signature of applicant #1:	Date:
Signature of applicant #2:	Date:

Please return this request to:

Agency Licensing Unit



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## DISCLOSURES

**It is mandatory that the following two (2) sections are answered.**

### 1. CHILD SUPPORT INFORMATION

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order, or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am not in compliance with the order, or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Please provide the State, County and City where the Court order was issued:**

**Total Monthly Payment Obligation: \$ \_\_\_\_\_**

### 2. PAID CARE FOR OTHERS IN THE HOME

- I do not provide regular paid care for others at this time. This includes licensed daycare and any other unlicensed care for others, for which payment is received. This includes anyone living or working in the home, to include care for the elderly, disabled person, or childcare.
- I do provide regular paid care for others at this time. This includes licensed daycare and any other unlicensed care for others, for which payment is received. This includes anyone living or working in the home, to include care for the elderly, disabled person, or childcare. An explanation and a copy of my license are attached.

**Note: We understand that foster parents may not provide care for others, even if another licensing authority does not have a restriction against it. This is to protect the safety of all members of the household and placed children. If provision of such care is verified after a foster care license has been issued, and no administrative waiver has been approved, the foster care license can be revoked.**

I/We acknowledge that the answers provided above are true and correct.

Signature of applicant #1:	Date:
Signature of applicant #2:	Date:



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## STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_ and I, \_\_\_\_\_ understand the Department's primary concern is to find the best possible home for each child, therefore:

- 1. An application for Foster Care, Adoption or ICPC does not guarantee an approval for placement of a child. An approval or denial is based on the suitability of the family for children for whom the Department has responsibility.**
- 2. If my/our application is approved, I/we are not guaranteed the placement of a child in my/our home.**
- 3. I/we hereby certify the foregoing facts on this application are true and accurate to the best of my/our knowledge. I/we understand that any falsifying of information may result in a denial of this application.**

Signature of applicant #1:

Date:

Signature of applicant #2:

Date:



## POLICY ON DISCIPLINE OF FOSTER CHILDREN

All family foster homes and group homes licensed by the Department of Family Services (DFS) are required to conform to the standards established and the rules prescribed in Nevada Administrative Code (NAC) 424 related to the discipline of children:

**NAC 424.515 Discipline of children: Aims.** ([NRS 424.020](#)) The aims of discipline are threefold:

1. To help the child accept his or her responsibility to others;
2. To help the child realize that others also have responsibilities and privileges; and
3. To help the child accept the fact there are unpleasant and difficult things which everyone must do at times.

[Welfare Div., Reg. for Foster Care part§ 106.5, 10-7-88, eff. 1-1-89]

**NAC 424.520 Discipline of children: General requirements.** ([RS 424.020](#))

1. Discipline, to be effective, must be fair, reasonable, consistent and related to the offense.
2. Discipline must be handled with kindness and understanding and administered in such a way as to help the child develop self-control and to assume responsibility for his or her own behavior.
3. Well-defined rules setting limits on behavior must be established and made known to each child. When appropriate, children must be allowed to participate in establishing the rules, which must be displayed.
4. Appropriate and timely remedial action must be taken when children in foster care exhibit inappropriate behavior. are out of control or commit delinquent acts.
5. Consent by parents or others to punish a child contrary to the provisions of this section is void.
6. Except as otherwise provided in [NAC 424.724](#), for a specialized foster home or a foster home with which a foster care agency has entered into a contract, when serious physical intervention is required by the caregiver to protect the child, other persons or property, an incident report must be filed within 48 hours with a licensing authority representative and the caseworker of the agency responsible for the child.

[Welfare Div., Reg. for Foster Care part§ 106.5, 10-7-88, eff. 1-1-89]-(NAC A by Div. of Child & Fam. Services by R044-02, 7-23-2002; RI 10-13, 6-23-2014)

**NAC 424.525 Discipline of children: Recommended behavior management techniques.** ([RS 424.020](#)) The following are recommended behavior management techniques:

1. Picking up a child who is out of control and removing him or her from the setting. This is appropriate only to younger children whose size and weight enable such action.
2. Informing the child in a simple and positive manner what conduct is expected.
3. Restriction to the child's room or other area or withholding privileges such as attending social gatherings or watching television. As used in this subsection, "social gathering" does not include an approved visit with any member of a child's family.
4. Sitting with a child until the child gains control of his or her behavior and can return to normal activities.
5. Redirecting the child to a new or different activity.
6. Praising and recognizing a child who behaves in the expected manner..
7. The use of a point system to recognize good behavior and create an incentive to improve inappropriate behavior.
8. The withdrawal of positive reinforcement for a temporary time for inappropriate behavior, including, without limitation, removal from participation in the current routine or activities or allowing the child to be alone voluntarily in a quiet, unlocked room.
9. Strategies to teach adaptive behavior which include the use of positive reinforcement.
10. Assigning consequences that are specifically related to the child's behavior.

[Welfare Div., Reg. for Foster Care part§ 106.5, 10-7-88, eff. 1-1-89]-(NAC A by Div. of Child & Fam. Services by RI 10-13, 6-23-2014)

**NAC 424.530 Discipline of children: Restrictions.** ([NRS 424.020](#))

1. The following are examples of unacceptable disciplinary techniques. The list is not exclusive. Foster parents shall discuss disciplinary techniques with the child's caseworker before they are used. The foster parent shall not:

- (a) Subject a child to verbal abuse, humiliate the child, threaten the child or make derogatory remarks about the child or his or her family.



## POLICY ON DISCIPLINE OF FOSTER CHILDREN

(b) Threaten to subject or subject a child to pushing, punching, shaking, rough handling, force feeding, biting, spanking, hitting of any kind, including with an implement, isolation in a closed space, such as a closet or unlit or unventilated space, or any other corporal punishment or other extreme discipline.

(c) Threaten to remove the child from the foster home.

(d) Threaten a child with the loss of love of any person.

(e) Threaten a child with punishment by a deity.

(f) Threaten to deny or deny food, shelter, medication or rest, or threaten to restrict or restrict the use of a toilet or other bathroom fixture as punishment.

(g) Threaten to subject or subject a child to any form of punishment by other children.

(h) Threaten to subject or subject a child to excessive withdrawal of positive reinforcement for inappropriate behavior, including, without limitation, removal from participation in the normal routine or activities of the foster home or requiring the child to be alone in a room for an extended period of time.

(i) Threaten to wash or wash a child's mouth out with soap or detergent or any similar threats or acts.

(j) Threaten to tape or tape the mouth of a child or any similar threats or acts.

(k) Threaten to place or place a sauce made from hot peppers or other pungent condiment sauce in the mouth of a child or any similar threats or acts.

(l) Threaten to deprive or deprive a child of visits with significant others in the child's life as a form of punishment when the agency placing the child has identified the visitation as appropriate.

(m) Threaten to withhold or withhold the allowance of a child provided by the agency which provides child welfare services.

(n) Subject a child to work that does not have a purpose as a means of punishment, including, without limitation, scrubbing the floor with a toothbrush, writing repetitive phrases, pulling weeds in a field of weeds, excessive exercise or any similar acts.

2. The use of a mechanical restraint, chemical restraint, involuntary physical confinement or psychological coercion or confinement of a foster child as a form of discipline is prohibited. Involuntary physical confinement does not include the withdrawal of positive reinforcement for inappropriate behavior, including, without limitation, removal from participation in the normal routine or activities of the foster home or allowing the child to be alone voluntarily in a quiet, unlocked room.

3. As used in this section:

(a) "Chemical restraint" means the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs on a regular basis, as prescribed by a physician, to treat the symptoms of a mental, physical, emotional or behavioral disorder and for assisting a child in gaining self-control over his or her impulses.

(b) "Mechanical restraint" means the use of any device, including, without limitation, mittens, straps, a restraint chair, handcuffs, belly chains and a four-point restraint, to limit a child's movement or hold a child immobile.

[Welfare Div., Req. for Foster Care part§ 106.5, 10-7-88, eff. 1-1-89]-(NAC A by Div. of Child & Fam. Services, 8-27-92; 11-14-97; R044-02, 7-23-2002; R1 10-13, 6-23-2014)

I/We {print names} \_\_\_\_\_

agree to adhere to the DFS policy on discipline as set forth in the above policy.

Foster Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Foster Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Licensing Representative \_\_\_\_\_ Date \_\_\_\_\_