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TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

Dear Parents,

The paperwork following this page will need to be read and kept for your information only.

- ✓ Foster Parent Rules and Regulations
- ✓ Provider Code of Conduct

Thank you,

A handwritten signature in black ink, appearing to read "Sarah Pewtress".

Sarah Pewtress  
Program Manager

**FOSTER PARENT  
RULES AND REGULATIONS**



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### [R501-12-1. Authority.](#)

(1) Pursuant to 62A-2-101 et seq., the Office of Licensing, shall license child foster care services according to the following rules. Child foster care services are provided pursuant to 62A-4a-106 for the Division of Child and Family Services, hereinafter referred to as DCFS, and 62A-7-104 for the Division of Juvenile Justice Services, hereinafter referred to as DJJS.

### [R501-12-2. Purpose Statement.](#)

(1) The purpose of these rules is to establish the minimum requirements for licensure of child foster homes and proctor homes for children in the custody of the Department of Human Services, herein after referred to as DHS. Rules applying to child foster care are also applicable to proctor care unless otherwise specified below.

### [R501-12-3. Definitions.](#)

(1) "Child foster care" means the provision of care which is conducive to the physical, social, emotional and mental health of children or adjudicated youth who are temporarily unable to remain in their own homes.

(2) "Proctor care" means the provision of child foster care for only one youth at a time placed in a licensed or certified proctor home. The youth shall be adjudicated to the custody of DJJS.



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(3) "Foster care agency" is any authorized licensed private agency certifying providers for foster or proctor care services, hereinafter referred to as Agency.

(4) "Child" means anyone under 18 years of age with the exception of DJJS where custody and guardianship may be maintained to 21 years of age.

R501-12-4. Licensing and Renewal.

(1) **Application:** An individual or legally married couple age 21 and over may apply to be foster or proctor parents. The applicant shall be provided with an application and a copy of the foster care licensing rules. The application shall require the applicant to list each member of the applicant's household.

(2) **Medical Information:**

(a) At the time of application, each potential foster and proctor parent shall obtain and submit to the Agency or the Office of Licensing, a medical reference letter, completed by a licensed health care professional, which assesses the physical ability of the individual to be a foster or proctor parent. On an annual basis thereafter, each foster and proctor parent shall submit a personal health status statement.

(b) A psychological examination of a potential or current foster and proctor parent may be required by the Office of Licensing or the Agency if there are questions regarding the individual's mental status which may impair functioning as a foster or proctor parent. The psychological examination shall be arranged and paid for by the foster or proctor parent.

(3) **References:**

The applicant shall submit the names of no more than four individuals, two not related and one related, who may be contacted by the Agency or the Office of Licensing for a reference. These individuals, shall be knowledgeable of the ability of the potential foster or proctor parents to nurture children. Three acceptable letters of reference must be received by the Agency or the Office of Licensing before a license will be issued.

(4) **Background Screening:**

(a) Pursuant to 62A-2-120 and R501-14, criminal background screening, referred to as CBS, requires that all child foster or proctor care applicants or persons 18 years of age or older living in the home must have the criminal background screening successfully completed. This shall be completed on initial home approval and yearly thereafter.

(b) Pursuant to 62A-2-121 and R501-18, child abuse and neglect licensing data base shall also be screened for each applicant or persons 18 years of age or older living in the home to see if a report of a severe type of abuse and neglect has been substantiated by the Juvenile Court. This shall be done on initial home approval and yearly thereafter.

(5) **Home Study:** There shall be a current home study report on record prepared, or reviewed and signed off, by a licensed Social Worker. A home study shall be completed for each potential foster or proctor home. The home study shall be updated annually with a home visit.



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- (6) Provider Code of Conduct: Each foster and proctor care applicant shall read, abide by, and sign a current copy of the DHS Provider Code of Conduct.
- (7) Training: Each foster and proctor care applicant shall complete the required pre-service training as specified in R501-12-5 prior to receiving a license.
- (8) Approval or Denial:
- (a) Following pre-service training and submission of all required documentation, the home study and an assessment of an applicant shall be completed.
  - (b) A license shall be issued for applicants who meet Foster Care Licensing Rules.
  - (c) The decision to approve or deny the applicant shall be made on the basis of facts, health and safety factors, and the professional judgment of the Agency or the Office of Licensing.
  - (d) No person may be denied a foster or proctor care license on the basis of race, color, or national origin of the person, or a child, involved, pursuant to the Social Security Act, Section 471(a)(18)(A).
  - (e) The provider shall be evaluated annually for compliance with foster care rules when renewing a license.
  - (f) Kinship and Specific Home Approval: An applicant may be licensed for placement of one specific child or sibling group. The home study shall be completed and all licensing requirements met. This license is valid for the duration of the specific placement only and must be renewed annually.
  - (g) Licensure approval is not a guarantee that a child will be placed in the home. Additional requirements for adoptive parents and adoptive assessments for children in State custody are included in R512-41(3)(4).
  - (h) Providers shall not be licensed or certified to provide foster or proctor care for children in the same home in which they are providing child care, as defined in UCA 26-39-102, or a licensed human service program, as defined in UCA 62A-2-101.
  - (i) The Office Director or designee may grant a time limited variance to a rule if it is in the best interest of the specific child and addresses how basic health and safety requirements shall be maintained in accordance with R501-1-8.
  - (j) All providers shall report any major changes in their lives to the Office of Licensing or Agency within 48 hours. These changes shall be re-evaluated within one month of the change by the Office of Licensing or Agency. A major change in the lives of the foster or proctor parents shall include, but is not limited to the following:
    - (i) death or serious illness among the members of the foster or proctor family,
    - (ii) separation or divorce,
    - (iii) loss of employment,
    - (iv) change of residence, or



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(v) suspected abuse or neglect of any child in the foster or proctor home.

RS01 11.5. Training

(1) Applicants shall attend training required and approved by the applicable DHS Division or other approved entity and submit verification of completed training to the Office of Licensing or Agency annually.

(2) At least one spouse shall complete the entire training series in order for the home to be licensed. The other spouse shall attend at least one third of the training.

(3) Providers associated with an Agency that is contracted to provide foster care or proctor care services shall meet the training requirements specified by the contract.

RS01 12.6. Foster and Proctor Parent Requirements

(1) Personal characteristics of foster and proctor parents shall include the following:

(a) Foster and proctor parents shall be in good health, able to provide for the physical and emotional needs of the child.

(b) Foster and proctor parents shall be emotionally stable and responsible persons over 21 years of age. Legally married couples and single individuals, may be foster or proctor parents.

(c) Foster and proctor parents shall document and verify legal residential status when appropriate.

(d) Foster or proctor parents shall have the ability to help the child grow and change in behavior.

(e) Foster or proctor parents shall not be dependent on the foster care payment for their expenses beyond those associated with foster or proctor care, and shall allocate funds as directed by Division policy. Verification of income shall be submitted with the application to the Office of Licensing or Agency on an annual basis.

(f) Division employees shall not be approved as foster or proctor parents to care for children in the custody of their respective Divisions. An employee may provide care for children in the custody of a different Division with approval of the Regional Director in accordance with DHS conflict of interest policy.

(g) Owners, directors, and members of the governing body for foster and proctor care agencies shall not serve as foster or proctor parents.

(h) Foster and proctor parents shall follow Agency rules and work cooperatively with the Agency, Courts, and law enforcement officials.

(2) Family Composition shall meet the following:

(a) The number, ages, and gender of persons in the home shall be taken into consideration as they may be affected by or have an effect upon the child.



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- (b) No more than two children under the age of two, shall reside in a foster home, including natural children.
- (c) No more than two non-ambulatory children shall be in a foster home including infants under the age of two.
- (d) No more than four foster children shall be in any one home.
- (e) No more than one foster child shall be in any one home designated for proctor care by agencies contracted with DJJS.

R501-12-7. Physical Aspects of Home.

- (1) The foster and proctor home shall be located in a vicinity in which school, church, recreation, and other community facilities are reasonably available.
- (2) The physical facilities of the foster and proctor home shall be clean, in good repair, and shall provide for normal comforts in accordance with accepted community standards.
- (3) The foster and proctor home shall be free from health and fire hazards. Each foster and proctor home shall have a working smoke detector on each floor and at least one approved fire extinguisher. An approved fire extinguisher shall be inspected annually and be a minimum of 2A:10BC five point, rated multi-purpose, dry chemical fire extinguisher.
- (4) There shall be sufficient bedroom space to provide for the following:
  - (a) rooms are not shared by children of the opposite sex, except infants under the age of two years,
  - (b) children do not sleep in the parents' room, except infants under the age of two years,
  - (c) each child has his or her own solidly constructed bed adequate to the child's size,
  - (d) a minimum of 80 square feet is provided in a single occupant bedroom and a minimum of 60 square feet per child is provided in a multiple occupant bedroom excluding storage space, and
  - (e) no more than four children are housed in a single bedroom.
- (5) Sleeping areas shall have a source of natural light and shall be ventilated by mechanical means or equipped with a screened window that opens.
- (6) Closet and dresser space shall be provided within the bedroom for the children's personal possessions and for a reasonable degree of privacy.
- (7) There shall be adequate indoor and outdoor space for recreational activities.
- (8) Foster and proctor homes shall offer sufficiently balanced meals to meet the child's needs.



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- (9) All indoor and outdoor areas shall be maintained to ensure a safe physical environment.
- (10) Areas determined to be unsafe, including but not limited to, steep grades, cliffs, open pits, swimming pools, hot tubs, high voltage boosters, or high speed roads, shall be fenced off or have natural barriers.
- (11) Equipment: All furniture and equipment shall be maintained in a clean and safe condition. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet individual needs.
- (12) Exits: There shall be at least two means of exit on each level of the foster and proctor home.

R501-12-8, Safety

- (1) Foster and Proctor families shall conduct fire drills at least quarterly and provide documentation to the Office of Licensing and Agency.
- (2) Foster and proctor parents shall provide and document training to children regarding response to fire warnings and other instructions for life safety.
- (3) The foster or proctor home shall have a telephone. Telephone numbers for emergency assistance shall be posted next to the telephone.
- (4) The foster or proctor home shall have an adequately supplied first aid kit such as recommended by the American Red Cross.
- (5) Foster and Proctor parents who have firearms, ammunition, or other weapons shall assure that they are inaccessible to children at all times. Firearms and ammunition that are stored together shall be kept securely locked in security vaults or locked cases, not in glass fronted display cases. Firearms that are stored in display cases shall be rendered inoperable with trigger locks, bolts removed or other disabling methods. Ammunition for those firearms shall be kept securely locked in a separate location. This does not restrict constitutional or statutory rights regarding concealed weapons permits, pursuant to UCA 53-5-701 et seq.
- (6) Foster and Proctor parents shall not provide a weapon to a minor or permit a minor to possess a weapon in violation of Sections 76-10-509 through 76-10-509.7.
  - (a) The Office shall identify whether a foster or proctor parent possesses or uses a firearm or other weapon and shall provide this information to the Division of Juvenile Justice Services and the Division of Children and Family Services for use in accordance with R512-302-4 and Section 63-46b-2.1.
- (7) Foster and Proctor parents who have alcoholic beverages in their home shall assure that the beverages are kept inaccessible to children at all times.
- (8) There shall be locked storage for hazardous chemicals and materials.

R501-12-9, Emergency Plans

- (1) Foster and Proctor parents shall have a written plan of action for emergencies and disaster to include the following:



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- (a) evacuation with a pre-arranged site for relocation,
  - (b) transportation and relocation of children when necessary,
  - (c) supervision of children after evacuation or relocation, and
  - (d) notification of appropriate authorities.
- (2) Foster and Proctor parents shall have a written plan for medical emergencies, including arrangements for medical transportation, treatment and care.
- (3) Foster or Proctor parents shall immediately report any serious illness, injury or death of a foster or proctor child to the appropriate Division or Agency and the Office of Licensing.

R501-12-10. Infectious Disease.

- (1) Foster and Proctor parents shall contact their local health department for assistance in preventing or controlling infectious and communicable diseases in the home. In the event of an infectious or communicable disease outbreak, foster and proctor parents shall follow specific instructions given by the local health department.

R501-12-11. Medication.

- (1) Foster and Proctor parents shall administer prescribed medication, according to the written directions of a licensed physician. Medicine shall only be given to the child for whom it was prescribed.
- (2) Medication shall not be discontinued without the approval of the licensed physician, side effects shall be reported to the licensed physician.
- (3) Non-prescriptive medications may be administered by foster or proctor parents according to manufacturer's instructions.
- (4) Medications shall not be administered by the foster or proctor child.
- (5) Medication shall not be used for behavior management or restraint unless prescribed by a licensed physician with notification to the Division or Agency worker.
- (6) There shall be locked storage for medication.

R501-12-12. Transportation.

- (1) Foster and Proctor parents shall provide transportation. In case of an emergency a means of transportation shall be arranged by the foster or proctor parents.
- (2) Drivers of vehicles shall have a valid Utah Drivers License and follow safety requirements of the State.



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- (3) Transportation shall be provided in an enclosed vehicle which has been safety inspected and equipped with seatbelts and an appropriate restraint for infants and young children.
- (4) An emergency telephone number shall be in the vehicle used to transport children.
- (5) Each vehicle shall be equipped with an adequately supplied first aid kit such as recommended by the American Red Cross.

R501-12-13. Behavior Management.

- (1) Foster and Proctor parents shall provide supervision at all times.
- (2) Foster and Proctor parents shall not use, nor permit the use of corporal punishment, physical or chemical restraint, infliction of bodily harm or discomfort, deprivation of meals, rest or visits with family, humiliating or frightening methods to control the actions of children.
- (3) The foster or proctor parents' methods of discipline shall be constructive. In exercising discipline, the child's age, emotional make-up, intelligence and past experiences shall be considered.
- (4) Passive restraint shall be used only in behaviorally related situations as a temporary means of physical containment to protect the child, other persons, or property from harm. Passive restraint shall not be associated with punishment in any way.
- (5) Foster and Proctor parents shall inform the Division or Agency worker of any extreme or repeated behavioral problems of a child placed in the foster or proctor home.

R501-12-14. Child's Rights in Foster and Proctor Care.

- (1) The foster and proctor parent shall adhere to the following:
  - (a) allow the child to eat meals with the family, and to eat the same food as the family unless the child has a special prescribed diet,
  - (b) allow the child to participate in family activities,
  - (c) protect privacy of information,
  - (d) not make copies of the child's records,
  - (e) explain the child's responsibilities, including household tasks, privileges, and rules of conduct,
  - (f) not allow discrimination,
  - (g) treat the child with dignity,
  - (h) allow the child to communicate with family, attorney, physician, clergyman, and others, except where documented otherwise,



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- (i) follow visitation rights as provided by DHS or Agency worker,
- (j) allow the child to send and receive mail providing that security and general health and safety requirements are met, foster or proctor parents may only censor or monitor a foster or proctor child's mail or phone calls by court order,
- (k) provide for personal needs and clothing allowance, and
- (l) respect the child's religious and cultural practices.

R561-12-15 Record Keeping

- (1) Foster and Proctor parents shall maintain the following:
  - (a) current license certificate,
  - (b) copy of each contract with DHS,
  - (c) record of money provided to each foster or proctor child,
  - (d) record of expenditures for each foster or proctor child, and
  - (e) documentation of special need payments on behalf of the foster or proctor child.
- (2) The Office of Licensing and Agency staff shall maintain a separate record for each child

# **Provider Code of Conduct**



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## Rule R495-876. Provider Code of Conduct.

As in effect on March 1, 2005

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#### R495-876-1. Statement of Purpose.

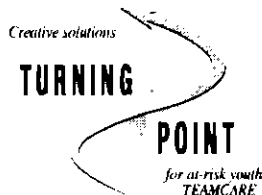
The Department of Human Services ("DHS") adopts this Code of Conduct to:

- (a) Protect its clients from abuse, neglect, maltreatment and exploitation; and
- (b) Clarify the expectation of conduct for DHS Providers and their employees and volunteers who interact in any way with DHS clients, DHS staff and the public.

The Provider shall distribute a copy of this Code of Conduct to each employee and volunteer, regardless of whether the employees or volunteers provide direct care to clients, indirect care, administrative services or support services. The Provider shall require each employee and volunteer to read the Code of Conduct and sign a copy of the attached "Certification of Understanding" before having any contact with DHS clients. The Provider shall file a copy of the signed Certificate of Understanding in each employee and volunteer's personnel file. The Provider shall also maintain a written policy that adequately addresses the appropriate treatment of clients and that prohibits the abuse, neglect, maltreatment or exploitation of clients. This policy shall also require the Provider's employees and volunteers to deal with DHS staff and the public with courtesy and professionalism.

This Code of Conduct supplements various statutes, policies and rules that govern the delivery of services to DHS clients. The Providers and the DHS Divisions or Offices may not adopt or enforce policies that are less- stringent than this Code of Conduct unless those policies have first been approved in writing by the Office of Licensing and the Executive Director of the Utah Department of Human Services. Nothing in this Code of Conduct shall be interpreted to mean that clients are not accountable for their own misbehavior or inappropriate behavior, or that Providers are restricted from imposing appropriate sanctions for such behavior.

#### R495-876-2. Abuse, Neglect, Exploitation, and Maltreatment Prohibited.



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Providers shall not abuse, neglect, exploit or maltreat clients in any way, whether through acts or omissions or by encouraging others to act or by failing to deter others from acting.

R495-876-3. General Definitions.

"Client" means anyone who receives services from DHS or from a Provider pursuant to an agreement with DHS or funding from DHS.

"DHS" means the Utah Department of Human Services or any of its divisions, offices or agencies.

"Domestic-violence-related child abuse" means any domestic violence or a violent physical or verbal interaction between cohabitants in the physical presence of a child or having knowledge that a child is present and may see or hear an act of domestic violence.

"Emotional maltreatment" means conduct that subjects the client to psychologically destructive behavior, and includes conduct such as making demeaning comments, threatening harm, terrorizing the client or engaging in a systematic process of alienating the client.

"Provider" means any individual or business entity that contracts with DHS or with a DHS contractor to provide services to DHS clients. The term "Provider" also includes licensed or certified individuals who provide services to DHS clients under the supervision or direction of a Provider. Where this Code of Conduct states (as in Sections III-VII) that the "Provider" shall comply with certain requirements and not engage in various forms of abuse, neglect, exploitation or maltreatment, the term "Provider" also refers to the Provider's employees, volunteers and subcontractors, and others who act on the Provider's behalf or under the Provider's control or supervision.

"Restraint" means the use of physical force or a mechanical device to restrict an individual's freedom of movement or an individual's normal access to his or her body. "Restraint" also includes the use of a drug that is not standard treatment for the individual and that is used to control the individual's behavior or to restrict the individual's freedom of movement.

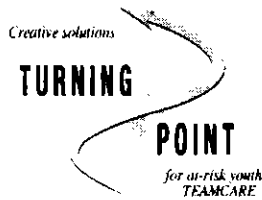
"Seclusion" means the involuntary confinement of the individual in a room or an area where the individual is physically prevented from leaving.

"Written agency policy" means written policy established by the Provider. If a written agency policy contains provisions that are more lenient than the provisions of this Code of Conduct, those provisions must be approved in writing by the DHS Executive Director and the Office of Licensing.

R495-876-4. Definitions of Prohibited Abuse, Neglect, Exploitation, and Maltreatment.

A. "Abuse" includes, but is not limited to:

1. Harm or threatened harm, to the physical or emotional health and welfare of a client.
2. Unlawful confinement.
3. Deprivation of life-sustaining treatment.



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4. Physical injury, such as contusion of the skin, laceration, malnutrition, burn, fracture of any bone, subdural hematoma, injury to any internal organ, any injury causing bleeding, or any physical condition which imperils a client's health or welfare.
5. Any type of unlawful hitting or corporal punishment.
6. Domestic-violence-related child abuse.
7. Any Sexual abuse and sexual exploitation including but not be limited to:
  - a. Engaging in sexual intercourse with any client.
  - b. Touching the anus or any part of the genitals or otherwise taking indecent liberties with a client, or causing an individual to take indecent liberties with a client, with the intent to arouse or gratify the sexual desire of any person.
  - c. Employing, using, persuading, inducing, enticing, or coercing a client to pose in the nude.
  - d. Engaging a client as an observer or participation in sexual acts.
  - e. Employing, using, persuading, inducing, enticing or coercing a client to engage in any sexual or simulated sexual conduct for the purpose of photographing, filming, recording, or displaying in any way the sexual or simulated sexual conduct. This includes displaying, distributing, possessing for the purpose of distribution, or selling material depicting nudity, or engaging in sexual or simulated sexual conduct with a client.
  - f. Committing or attempting to commit acts of sodomy or molestation with a client.
- B. "Neglect" includes but is not limited to:
  1. Denial of sufficient nutrition.
  2. Denial of sufficient sleep.
  3. Denial of sufficient clothing, or bedding.
  4. Failure to provide adequate client supervision; including situations where the Provider's employee or volunteer is a sleep or ill on the job, or is impaired due to the use of alcohol or drugs.
  5. Failure to provide care and treatment as prescribed by the client's services, program or treatment plan, including the failure to arrange for medical or dental care or treatment as prescribed or as instructed by the client's physician or dentist, unless the client or the Provider obtains a second opinion from another physician or dentist, indicating that the originally-prescribed medical or dental care or treatment is unnecessary.
  6. Denial of sufficient shelter, where shelter is part of the services the Provider is responsible for providing to the client.



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7. Educational neglect (i.e. willful failure or refusal to make a good faith effort to ensure that a child in the Provider's care or custody receives an appropriate education).

C. "Exploitation" will includes but is not limited to:

1. Using a client's property without the client's consent or using a client's property in a way that is contrary to the client's best interests, such as expending a client's funds for the benefit of another.

2. Making unjust or improper use of clients or their resources.

3. Accepting a gifts in exchange for preferential treatment of a client or in exchange for services that the Provider is already obliged to provide to the client.

4. Using the labor of a client for personal gain.

5. Using the labor of a client without paying the client a fair wage or without providing the client with just or equivalent non-monetary compensation, except where such use is consistent with standard therapeutic practices and is authorized by DHS policy or the Provider's contract with DHS.

a. Examples:

(i) It is not "exploitation" for a foster parent to assign an extra chore to a foster child who has broken a household rule, because the extra chore is reasonable discipline and teaches the child to obey the household rules.

(ii) It is not "exploitation" to require clients to help serve a meal at a senior center where they receive free meals and are encouraged to socialize with other clients. The meal is a non-monetary compensation, and the interaction with other clients may serve the clients' therapeutic needs.

(iii) It is usually "exploitation" to require a client to provide extensive janitorial or household services without pay, unless the services are actually an integral part of the therapeutic program, such as in "clubhouse" type programs that have been approved by DHS.

D. "Maltreatment" includes but is not limited to:

1. Physical exercises, such as running laps or performing pushups, except where such exercises are consistent with an individual's service plan and written agency policy and with the individual's health and abilities.

2. Any form of Restraint or Seclusion used by the Provider for reasons of convenience or to coerce, discipline or retaliate against a client. The Provider may use a Restraint or Seclusion only in emergency situations where such use is necessary to ensure the safety of the client or others and where less restrictive interventions would be ineffective, and only if the use is authorized by the client's service plan and administered by trained authorized personnel. Any use of Restraint or Seclusion must end immediately once the emergency safety situation is resolved. The Provider shall comply with all applicable laws about Restraints or Seclusions, including all federal and state statutes, regulations, rules and policies.

3. Assignment of unduly physically strenuous or harsh work.



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4. Requiring or forcing the individual to take an uncomfortable position, such as squatting or bending, or requiring or forcing the individual to repeat physical movements as a means of punishment.
5. Group punishments for misbehaviors of individuals.
6. Emotional maltreatment, bullying, teasing, provoking or otherwise verbally or physically intimidating or agitating a client.
7. Denial of any essential program service solely for disciplinary purposes.
8. Denial of visiting or communication privileges with family or significant others solely for disciplinary purposes.
9. Requiring the individual to remain silent for long periods of time for the purpose of punishment.
10. Extensive withholding of emotional response or stimulation.
11. Denying a current client from entering the client's residence, where such denial is for disciplinary or retaliatory purposes or for any purpose unrelated to the safety of clients or others.

R495-876-5. Provider's Compliance with Conduct Requirements Imposed by Law, Contract or Other Policies.

In addition to complying with this Code of Conduct, the Provider shall comply with all applicable laws (such as statutes, rules and court decisions) and all policies adopted by the DHS Office of Licensing, by the DHS Divisions or Offices whose clients the Provider serves, and by other state and federal agencies that regulate or oversee the Provider's programs. Where the Office of Licensing or another DHS entity has adopted a policy that is more specific or restrictive than this Code of Conduct, that policy shall control. If a statute, rule or policy defines abuse, neglect, exploitation or maltreatment as including conduct that is not expressly included in this Code of Conduct, such conduct shall also constitute a violation of this Code of Conduct. See, e.g., Title 62A, Chapter 3 of the Utah Code (definition of adult abuse) and Title 78, Chapter 3a and Title 76, Chapter 5 of the Utah Code (definitions of child abuse).

R495-876-6. The Provider's Interactions with DHS Personnel and the Public.

In carrying out all DHS-related business, the Provider shall conduct itself with professionalism and shall treat DHS personnel, the members of the Provider's staff and members of the public courteously and fairly. The Provider shall not engage in criminal conduct or in any fraud or other financial misconduct.

R495-876-7. Sanctions for Non-compliance.

If a Provider or its employee or volunteer fail to comply with this Code of Conduct, DHS may impose appropriate sanctions (such as corrective action, probation, suspension, disbarment from State contracts, and termination of the Provider's license or certification) and may avail itself of all legal and equitable remedies (such as money damages and termination of the Provider's contract). In imposing such sanctions and remedies, DHS shall comply with the Utah Administrative Procedures Act and applicable DHS rules. In appropriate circumstances, DHS shall also report the Provider's misconduct to law enforcement and to



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

the Provider's clients and their families or legal representatives (e.g., a legal guardian). In all cases, DHS shall also report the Provider's misconduct to the licensing authorities, including the DHS Office of Licensing.

R495-876-8. Providers' Duty to Help DHS Protect Clients.

A. Duty to Protect Clients' Health and Safety. If the Provider becomes aware that a client has been subjected to any abuse, neglect, exploitation or maltreatment, the Provider's first duty is to protect the client's health and safety.

B. Duty to Report Problems and Cooperate with Investigations. Providers shall document and report any abuse, neglect, exploitation or maltreatment and exploitation as outlined in this Code of Conduct, and they shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies.

1. Except as provided in Section (B)(1)(a) and (B)(3) below, Providers shall immediately report abuse, neglect, exploitation or maltreatment by contacting the local Regional Office of the appropriate DHS Division or Office. During weekends and on holidays, Providers shall make such reports to the on-call worker of that Regional Office.

a. Providers shall report any abuse or neglect of disabled or elder adults to the Adult Protective Services intake office of the Division of Aging and Adult Services.

b. The Provider shall make all reports and documentation about abuse, neglect, exploitation, and maltreatment available to appropriate DHS personnel and law enforcement upon request.

2. Providers shall document any client injury (explained or unexplained) that occurs on the Providers' premises or while the client is under the Provider's care and supervision, and the Provider shall report any such injury to supervisory personnel immediately. Providers shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies. If the client's injury is extremely minimal, the Provider has 12 hours to report the injury. The term "extremely minimal" refers to injuries that obviously do not require medical attention (beyond washing a minor wound and applying a band-aid, for example) and which cannot reasonably be expected to benefit from advice or consultation from the supervisory personnel or medical practitioners.

a. Example: If a foster child falls off a swing and skins her knee slightly, the foster parent shall document the injury and report to the foster care worker within 12 hours.

b. Example: If a foster child falls off a swing and sprains or twists her ankle, the foster parent shall document the injury and report it immediately to supervisory personnel because the supervisor may want the child's ankle X-rayed or examined by a physician.

C. Duty to Report Fatalities and Cooperate in Investigations and Fatality Reviews.

If a DHS client dies while receiving services from the Provider, the Provider shall notify the supervising DHS Division or Office immediately and shall cooperate with any investigation into the client's death. In addition, some Providers are subject to the Department of Human Services' Fatality Review Policy. (See the "Eligibility" section of DHS Policy No. 05-02 for a description of the entities subject to the fatal-review requirements. A copy of the policy is available at the DHS web site at:



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

<http://www.dhs.state.ut.us/policy.htm> ) If the Provider is subject to the Fatality Review Policy, it shall comply with that policy (including all reporting requirements) and the Provider shall cooperate fully with any fatality reviews and investigations concerning a client death.

D. Duty to Display DHS Poster. The Provider shall prominently display in each facility a DHS poster that notifies employees of their responsibilities to report violations of this Provider Code of Conduct, and that gives phone numbers for the Regional Office or Intake Office of the relevant DHS Division(s). Notwithstanding the foregoing, if the Provider provides its services in a private home and if the Provider has fewer than three employees or volunteers, the Provider shall maintain this information in a readily-accessible place but it need not actually display the DHS poster. DHS shall annually provide the Provider with a copy of the current DHS poster or it shall make the poster available on the DHS web site:  
<http://www.dhs.state.ut.us>.



1  
TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

Dear Parents,

The paperwork following this page will need to be read and signed or filled out by each applying parent and turned in to Turning Point to help complete your Foster Parent Profile.

- ✓ Background Check (one per applicant)
- ✓ Foster Parent Profile
- ✓ Employment Application (one per applicant)
- ✓ W-9 (one per applicant)
- ✓ Medical Report (one per applicant)
- ✓ Turning Point Foster Care Contract
- ✓ Confidentiality Agreement
- ✓ Foster Parent Job Description
- ✓ Abuse and Neglect Policy
- ✓ Code of Conduct
- ✓ Policy and Procedures
- ✓ Cohabitation Declaration

Thank you,

A handwritten signature in black ink, appearing to read "Sarah Pewtress", is written over the typed name below.

Sarah Pewtress  
Program Manager

Utah Department of Human Services Office of Licensing
120 North 200 West, #303 Salt Lake City, Utah 84103
BACKGROUND SCREENING APPLICATION

PURPOSE The purpose of the background screening is to protect children and vulnerable adults by determining if applicants have been convicted of certain crimes or have supported/substantiated child/adult abuse records.

\*\*\*\*\*APPLICANT REQUEST AND RELEASE\*\*\*\*\*

I hereby authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, law enforcement, drivers license and any and all information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages resulting from the Department of Human Services furnishing such information to authorized agencies.

Incomplete/illegible applications or applications without copies of photo ID will be returned.
Completion of the form in any color of ink other than black is helpful (but not required).

Please answer the following questions:

- 1. Have you ever been charged with a crime?
If yes, please state disposition of charges and which law enforcement agency or court handled your case (attach another paper if needed).
Attach court docket(s) or other records indicating the disposition of charge(s).
2. Have you lived or spent 4 or more consecutive weeks in another U.S. state (besides Utah) in the last five years? Where and dates?
3. In the last five years Have you lived or spent 4 or more consecutive weeks in another country other than the U.S.? Where and dates?

If you answer yes to either question 2 or 3 (or both) you must submit two completed fingerprint cards with this form and a money order, cashiers check or company check for \$24.00 payable to Department of Public Safety for each applicant.

Full First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_
All Maiden/Alias /Previous Married Names: \_\_\_\_\_
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I certify that my answers contain no misrepresentation or falsification, and that the information is true and complete to the best of my knowledge. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied.

Enter client # for DSPD self-administered Direct Service Worker

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*AGENCY/LICENSED PROGRAM REQUEST AND RELEASE\*\*\*\*\*

This section to be completed by the Foster Care Licensor, or the authorized representative for the program or Agency.

Complete all fields. Incomplete or illegible applications will be returned.

Name of Agency, Licensee or DHS Licensor: TURNING POINT FAMILY CARE INC. Phone number: (435) 674-7421
Address: P.O. Box 789 City: WASHINGTON State: UT Zip Code: 84780

Does the applicant provide foster/proctor care services? [X] Yes [ ] No

I certify that I have inspected the applicant's identification and verify their information, and that my answers to the questions contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge. The licensee releases the Department from any damages resulting from furnishing this information for licensing purposes. I understand this form and its contents may not be shared in any way with any other organization, company, or provider or given to the above named applicant.

[Signature]
Signature of Authorized Agency or Program Representative or DHS Licensor

Aaron Schimbeck
Printed Name of Authorized Agency or Program Representative or DHS Licensor

This Area for CBS Use Only

Utah Department of Human Services Office of Licensing  
120 North 200 West, #303 Salt Lake City, Utah 84103

**BACKGROUND SCREENING APPLICATION**

**PURPOSE:** The purpose of the background screening is to protect children and vulnerable adults by determining if applicants have been convicted of certain crimes or have supported/substantiated child/adult abuse records.

**\*\*\*\*\*APPLICANT REQUEST AND RELEASE\*\*\*\*\***

I hereby authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, law enforcement, drivers license and any and all information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages resulting from the Department of Human Services furnishing such information to authorized agencies.

**Incomplete/illegible applications or applications without copies of photo ID will be returned.**

**Completion of the form in any color of ink other than black is helpful (but not required).**

Please answer the following questions:

1. Have you ever been charged with a crime?  Yes  No

If yes, please state disposition of charges and which law enforcement agency or court handled your case (attach another paper if needed).

Attach court docket(s) or other records indicating the disposition of charge(s).

2. Have you lived or spent 4 or more consecutive weeks in another U.S. state (besides Utah) in the last five years? Where and dates?  Yes  No

3. In the last five years Have you lived or spent 4 or more consecutive weeks in another country other than the U.S.? Where and dates?  Yes  No

If yes a current background check from that country must be submitted with this form.

**If you answer yes to either question 2 or 3 (or both) you must submit two completed fingerprint cards with this form and a money order, cashiers check or company check for \$24.00 payable to Department of Public Safety for each applicant.**

Full First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

All Maiden/Alias /Previous Married Names: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I certify that my answers contain no misrepresentation or falsification, and that the information is true and complete to the best of my knowledge. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied.

Enter client # for DSPD self-administered Direct Service Worker

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*AGENCY/LICENSED PROGRAM REQUEST AND RELEASE\*\*\*\*\***

This section to be completed by the Foster Care Licensor, or the authorized representative for the program or Agency.

**Complete all fields. Incomplete or illegible applications will be returned.**

Name of Agency, Licensee or DHS Licensor: TURNING POINT FAMILY CARE INC. Phone number: (435) 674-7421

Address: P.O. Box 789 City: WASHINGTON State: UT Zip Code: 84780

Does the applicant provide foster/proctor care services?  Yes  No

I certify that I have inspected the applicant's identification and verify their information, and that my answers to the questions contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge. The licensee releases the Department from any damages resulting from furnishing this information for licensing purposes. I understand this form and its contents may not be shared in any way with any other organization, company, or provider or given to the above named applicant.

  
Signature of Authorized Agency or Program Representative or DHS Licensor

Aaron Schimbeck  
Printed Name of Authorized Agency or Program Representative or DHS Licensor

This Area for CBS Use Only

TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT 84770  
PH 435/674-7421 FAX 435/674-3175

*Foster Parent Profile*

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Physical address city state zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Occupation: Husband \_\_\_\_\_

Wife \_\_\_\_\_

Enter the Name, Age, and Sex of the Dependant Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Special Consideration: \_\_\_\_\_

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

Please Attach a Family Photo Below:

Department of Workforce Services  
**EMPLOYMENT APPLICATION**

Employer: Jurning Point Date: \_\_\_\_\_

<b>Name:</b>			
Last	First	M.I.	
<b>Address:</b>			
Street Address	City	State	ZIP
<b>Home Phone:</b> _____		<b>Work Phone:</b> _____	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the positions you are interested in by specific title (Example: typist, carpenter, auto mechanic)			
1 <sup>st</sup> Choice: _____		2 <sup>nd</sup> Choice: _____	
Available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work			
Date You Can Start: _____		Salary Desired: _____	
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, may we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have You Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No    Where?    When?			
List Any Trade or Professional Licenses, Certificates, or Registrations:			

**References:** List Three Persons Not Related to You Whom You Have Known At Least One Year.

Name	Address	Telephone / Business / Occupation

**Education:**

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, Indicate Highest Grade Completed (1 – 12)		
College, Business or Trade Schools (Name and City Location)	Major or Vocational Subjects	Length of Time Degree / Certificate

Continued on Other Side

**Work History:** Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service, if applicable.

Firm Name:	_____	Dates of Employment:	_____
Address:	_____		
	Street Address	City	State ZIP
Job Title, Responsibilities and Duties:	_____		

Firm Name:	_____	Dates of Employment:	_____
Address:	_____		
	Street Address	City	State ZIP
Job Title, Responsibilities and Duties:	_____		

Firm Name:	_____	Dates of Employment:	_____
Address:	_____		
	Street Address	City	State ZIP
Job Title, Responsibilities and Duties:	_____		

**Additional Qualifications and Skills:** Machines, Equipment, Tools Used, Related Activities, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification of Applicant:**

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department of Workforce Services  
**EMPLOYMENT APPLICATION**

Employer: Jurning Point Date: \_\_\_\_\_

<b>Name:</b>			
Last	First	M.I.	
<b>Address:</b>			
Street Address	City	State	ZIP
<b>Home Phone:</b> _____		<b>Work Phone:</b> _____	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the positions you are interested in by specific title (Example: typist, carpenter, auto mechanic)			
1 <sup>st</sup> Choice: _____		2 <sup>nd</sup> Choice: _____	
Available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work			
<b>Date You Can Start:</b> _____		<b>Salary Desired:</b> _____	
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, may we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have You Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No    Where?    When?			
List Any Trade or Professional Licenses, Certificates, or Registrations:			

**References:** List Three Persons Not Related to You Whom You Have Known At Least One Year.

Name	Address	Telephone / Business / Occupation

**Education:**

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, Indicate Highest Grade Completed (1 – 12)		
College, Business or Trade Schools (Name and City Location)	Major or Vocational Subjects	Length of Time Degree / Certificate

Continued on Other Side

**Work History:** Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service, if applicable.

<b>Firm Name:</b> _____	<b>Dates of Employment:</b> _____		
<b>Address:</b>			
Street Address	City	State	ZIP
<b>Job Title, Responsibilities and Duties:</b> _____			

<b>Firm Name:</b> _____	<b>Dates of Employment:</b> _____		
<b>Address:</b>			
Street Address	City	State	ZIP
<b>Job Title, Responsibilities and Duties:</b> _____			

<b>Firm Name:</b> _____	<b>Dates of Employment:</b> _____		
<b>Address:</b>			
Street Address	City	State	ZIP
<b>Job Title, Responsibilities and Duties:</b> _____			

**Additional Qualifications and Skills:** Machines, Equipment, Tools Used, Related Activities, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification of Applicant:**

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 3.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

## Employment Eligibility Verification

**Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.**

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

**CERTIFICATION -** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

### LIST A

#### Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551* stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

### LIST B

#### Documents that Establish Identity

**OR**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority  
**For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

### LIST C

#### Documents that Establish Employment Eligibility

**AND**

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

# Employment Eligibility Verification

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
  - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*Medical Report of Foster Care Applicant*

Program Turning Point Family Care Attention Sarah Pewtress

Address 115 N 300 W #B200, Washington, UT 84770 Phone 674-7421

**TO BE FILLED IN BY APPLICANT**

I, \_\_\_\_\_ (*please print name*), hereby give consent to have the following medical information released to the above program.

Physician Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

In order to make the best possible evaluation of each foster care applicant, this program will appreciate receiving the information indicated below:

1. Describe health of applicant (*present and significant past*).

Physical: \_\_\_\_\_

Emotional: \_\_\_\_\_

2. Is this individual currently under treatment Yes \_\_\_ No \_\_\_

Condition: \_\_\_\_\_

Prognosis: \_\_\_\_\_

3. Is this individual currently taking any medication which would affect his/her ability to care for adults of children?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. From a medical viewpoint and from your knowledge of this person, would you recommend this person to provide care? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Additional comments: \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_



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Physician Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

In order to make the best possible evaluation of each foster care applicant, this program will appreciate receiving the information indicated below:

1. Describe health of applicant (present and significant past).

Physical: \_\_\_\_\_

Emotional: \_\_\_\_\_

2. Is this individual currently under treatment Yes \_\_\_ No \_\_\_

Condition: \_\_\_\_\_

Prognosis: \_\_\_\_\_

3. Is this individual currently taking any medication which would affect his/her ability to care for adults of children?

Yes \_\_\_\_\_ No \_\_\_\_\_

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care? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Additional comments: \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*Reference Letter for Foster Parent/Teaching Parent*

Date: \_\_\_\_\_

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

The above named person(s) has/have applied to become foster parents for Youth & Family Treatment Association. They have given us authorization to contact you in order for us to appropriately screen them for care for the youth in our program. Your comments will be held in **strict confidence**. Please complete this form and sign.

1. How long and in what capacity have you known the applicant(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How often do you have contact with the applicant(s)? \_\_\_\_\_  
Describe your relationship. \_\_\_\_\_  
\_\_\_\_\_
3. Do you feel that the applicants can help youth to physically and emotionally grow? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are the applicant(s) strengths as you see them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What kinds of stress have you seen the applicant(s) deal with, and how do they solve or handle stress? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What have you observed that would indicate how the applicant would express love or compassion toward troubled youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Explain any insight as to how the applicants would have a positive relation and be a good role model with troubled youth. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
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*Reference Letter for Foster Parent/Teaching Parent*

Date: \_\_\_\_\_

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

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1. How long and in what capacity have you known the applicant(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How often do you have contact with the applicant(s)? \_\_\_\_\_  
Describe your relationship. \_\_\_\_\_  
\_\_\_\_\_
3. Do you feel that the applicants can help youth to physically and emotionally grow? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are the applicant(s) strengths as you see them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What kinds of stress have you seen the applicant(s) deal with, and how do they solve or handle stress? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What have you observed that would indicate how the applicant would express love or compassion toward troubled youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Explain any insight as to how the applicants would have a positive relation and be a good role model with troubled youth. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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*Reference Letter for Foster Parent/Teaching Parent*

Date: \_\_\_\_\_

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

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1. How long and in what capacity have you known the applicant(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How often do you have contact with the applicant(s)? \_\_\_\_\_  
Describe your relationship. \_\_\_\_\_  
\_\_\_\_\_
3. Do you feel that the applicants can help youth to physically and emotionally grow? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are the applicant(s) strengths as you see them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What kinds of stress have you seen the applicant(s) deal with, and how do they solve or handle stress? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What have you observed that would indicate how the applicant would express love or compassion toward troubled youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Explain any insight as to how the applicants would have a positive relation and be a good role model with troubled youth. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*Foster Parent Contract*

Professional Parent Subcontract for Foster Homes

Turning Point is hereby contracting with you as a sub-contractor/volunteer professional foster parent. This means that you are a sub-contractor to provide services under the contract that we have with DCFS/DJJS. Foster parents are sub-contractors, not employees of Turning Point.

Basic and Structured foster parents will be paid between \$25 and \$27 per day per youth. This rate depends on the type of code, foster parent experience and include youth allowance. Professional Foster Parents will start at \$25.00 per youth with the DFB code and \$27.00 per day for the DIR code.

Your home is a 24-hour supervision facility for youth in your care. Foster parent will provide for room and board, including nutritional meals. Professional therapy and assessments will be provided to the youth in your home and it will be your responsibility to transport, timely and safely the youth to all necessary counseling, school, church and educational functions. Foster parents are responsible to see youth receive proper medical and dental attention and administer all necessary medication. A reimbursement of \$ .32 per mile can be made for travel expenses for any mileage traveled over 60 miles.

Turning Point provides all pre-training and post-training for Foster parents except for CPR/First Aid. Foster Parents are required to maintain training as per the state contract and requirements of Turning Point.

Foster Parents are paid an additional \$2.03 per day for each day the youth is in the home. This reimbursement must go to the foster child in your home. You will be required to keep financial records of this money as well as have the youth sign off on your financial statement. \$40.00 should go to necessities and \$20.00 to entertainment and miscellaneous. You must keep records for all expenditures in regards to the youth's money.

Foster Parents are to keep all necessary financial records for their income and expenses, including tax-reporting information. This is a business sub-contract on your part and we will not be responsible to carry personal insurance, workers compensation insurance, or homeowners insurance. Turning Point will however maintain the required liability insurance coverage as required under their contract as a provider. **Foster Parents should carry all necessary health insurance, worker compensation, auto and homeowners insurance themselves.** All foster care youth will be on Medicaid for all health and dental insurance.

I have read and understand this Turning Point Family Care Contract. I will follow this contract as a Professional Foster Parent.

Parent \_\_\_\_\_

Date \_\_\_\_\_

Parent \_\_\_\_\_

Date \_\_\_\_\_



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*Confidentiality Agreement*

The nature of services provided by Turning Point Family Care requires information to be handled in a private, confidential manner.

Information about our business to our employees or clients will only be released to people or agencies outside the company with written consent. Following legal or regulatory guidelines provide the only exceptions to this policy. All reports, memoranda, notes, or other documents will remain part of the company's confidential records.

The names, addresses, phone numbers of our employees and clients will only be released to the people authorized by the nature of their duties to receive such information and only with the consent of management, the employee or the client.

The undersigned employee agrees to abide by this confidentiality agreement.

\_\_\_\_\_

Parent

\_\_\_\_\_

Date

\_\_\_\_\_

Parent

\_\_\_\_\_

Date



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*Foster Parent Job Description*

1. To provide professional care in a 24-hour supervised home provided by the foster parent, licensed and supervised by (Positive Impact of Southern Utah (herein after referred to as TURNING POINT FAMILY CARE).
2. To provide a safe, clean, and organized atmosphere in which a youth can grow and develop, including but not limited to: clients own room or private space in the case of a group home, a bed in good condition, clean bedding, lines, and towel in adequate supply.
3. To provide common living space to intermingle and interact with the rest of the family; to provide good, nutritious meals that are will balanced and to teach proper nutritional habits.
4. To provide safe, licensed, and insured transportation to meet client needs in getting client to schoolwork, therapy, doctor, dentist, church and activities where client needs. TURNING POINT FAMILY CARE will pay \$ .32 per mile for necessary travel beyond 60 miles. (Please see Turning Point Foster Parent Contract).
5. To supervise and teach Skills Development Services, according to the Treatment Plan provided by the therapist. Such skills will include: living skills, personal hygiene, cleaning, laundry, and proper bathroom/kitchen sanitation. Insure that these areas are maintained using duty charts, positive and negative consequences for good or poor work in order to insure completion of the work. Additional skills will be listed on the Treatment Plan.
6. To submit to an initial background check, and annually thereafter. To read and understand the Code of Conduct, rules of licensing, house rules and professional ethics approved by the state of Utah and TURNING POINT FAMILY CARE.
7. Keep daily attendance records, financial records, and Skills Development notes, monthly reports and medication management reports. All to be turned into the Program Manager in a timely manner on the first day of the following month or when called for. To keep all receipts and to be turned in with the financial records. Money can be saved from month to month for larger purchases such as coats and shoes, but must be spent on the child/youth.
8. To provide loving, nurturing and warm atmosphere as well as a good example to children/youth served. To stay adequately trained through our weekly and monthly training meetings. Annually trained in CPR/First Aid as well as behavior management, childcare, therapeutic issues and foster care professionalism. Training is mandatory and foster parents are only allowed to miss 3 training sessions per year. The first miss will be a verbal warning, the second will be warning and the third will be suspension of your license and or termination.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*Abuse and Neglect Policy*

The state of Utah has some very pertinent laws related to children and youth. Several of those laws relate directly to Youth & Family Treatment Association. Youth & Family Treatment Association is obligated and committed to educate all of their staff with regard to the child abuse and neglect laws. There are several areas related to these laws that we would like to address.

In the event of an abuse or neglect incident occurring, whether within or outside of the confines of our program and staff, whether a youth is a victim or perpetrator our policy is to cooperate legally and willingly into any investigation conducted by a legal authority into said incidents. We encourage all of our staff to lend similar support to such an investigation.

If it is evident that there is a need for temporary suspension of any staff members in order to facilitate a proper investigation into any abuse incidents or to prevent any further potential abuse, this action will be taken immediately.

If the resulting investigation indicates there is no legal grounds or indication of wrong doing on the part of the staff member, he/she will be reinstated as soon as feasible. If there are probable of possible implications that a staff member has been involved as a perpetrator of an abuse or neglect incident, he/she may:

- a. be immediately dismissed from employment
- b. be temporarily suspended at an unsalaried status
- c. be temporarily suspended at a salaried status

All personnel are obligated by law to report any evidence of abuse or neglect inflicted on any youth to the proper legal authority in a truthful and accurate manner. Failure to do so may result in immediate termination, suspension, and/or legal action.

We are committed to training and supporting all personnel to develop a preventative and committed role in addressing the legal and moral aspects of child abuse and neglect.

Each staff member is required to read this statement of intent as well as the Utah Code of Conduct.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*Code of Conduct*

**STATEMENT OF PURPOSE:** This code of conduct serves as written agency policy as per the requirements of the Department of Human Services – Provider Code of Conduct. All sub-contractors, and staff associated with children in our care must read and sign this amendment to the code of conduct.

This code complies with the State of Utah, Department of Human Services Provider Code of Conduct, Policy number: DHS-89-02. Sections R801-876.

1. Personnel will not inflict **ANY** type of physical punishment such as hitting, striking with an open or closed fist, slapping, spanking, or any other like physical punishment. **We have a hands-off policy.**
2. Physical exercises such as push ups, running laps, squatting, bending, repetitious physical movements, standing in place, will **NOT** be used as a means of punishment.
3. Failure to provide adequate supervision including but not limited to: lack of supervision, illness, sleeping, and use of alcohol and drugs.
4. A child will not be encouraged to participate in any activity that is inherently dangerous or psychologically damaging.
5. Chemical, mechanical, or physical restraints will not be used as means of punishment. If you are being threatened call the police.
6. No group punishments for the misdeeds of an individual.
7. No verbal abuse of any kind permitted. This includes but is not limited to name calling, teasing, humiliation, ridicule, and abusive or foul language.
8. Meals will not be withheld to correct behavior for any reason.
9. Denial of a child's communication or contact with family or case manager will not be used as a means of punishment.
10. Denial of other program services such as therapy, education etc. will not be used as means of punishment.
11. A child will not be denied Medical, Dental treatment or prescribed services.
12. No child will be abused, maltreated, or neglected for any reason.
13. No child will be exploited for financial or other reasons. A child will be paid a fair wage for work other than their share of household chores.
14. A child's personal property will not be taken, sold or exchanged or withheld unless possession of such property is against program rules.
15. A child shall not exchange gifts or favors for services.

**REPORTING PROVISIONS:** Any staff member/foster parent is required to document and report any suspected child abuse, neglect, maltreatment or exploitation immediately to the following agencies: Department of Human Services in Iron County @ 435/586-3842, Washington County @ 435/674-3950, Salt Lake County @ 801/538-4100



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*PROVIDER/EMPLOYEE/VOLUNTEER CERTIFICATION*

(This must be signed by every provider, employee, and volunteer in Human Service Programs.)

I have read and been provided a personal copy of the Provider Code of Conduct.

I understand the expectations outlined in the Code of Conduct and will strive in good faith to comply with the provisions therein. Any questions or clarifications of the Code of Conduct have been presented and satisfactorily responded to.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_



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*Policy and Procedures*

1. Foster parent is to provide 24-hour supervision. Foster parent must know where youth is at all times.
2. Foster parent is responsible to complete a background check yearly with TPFC.
3. Foster parent is responsible to be CPR and First Aid certified. Foster parent is also responsible to keep the certification updated and submitted to TPFC.
4. Foster parent is responsible for having a medical done on them once a year. See the office for the proper form.
5. Foster parent is responsible for setting up appointments for therapy, based on the therapist's schedule, and transport youth to and from therapy.
6. Foster parents must keep all receipts to account for the youth allowance. The original receipts are to go in the out-of-home-book. A copy should be sent with the monthly paperwork. Youth must sign the allowance form each month. If youth works, there must be a log that accounts for where the money is going. It can be the same as the youth allowance form. Youth must save 80% of paycheck.
7. If a youth runs away, foster parent must contact Program Manager, Clinical Director, and the police immediately.
8. An incident includes but is not limited to harm to self, accidents, runaway, breaking the law, major rule breaking, and medical concerns. If you are not sure if something is an incident that requires a written report, it is better to ask than not to do one. Turning Point staff (Program Manager and Clinical Director) must be notified of the incident as soon as it happens. Foster parent is responsible to fill out an incident report and submit it to Turning Point within 24 hours of the incident. Please see Turning Point for the proper Incident Report Form.
9. Foster parents are required to attend at least 9 out of 12 trainings (both spouses attending at least 3 together). Make sure you sign the role.
10. **ALL** medication (youth & family members) must be under lock & key and inaccessible to youth in the home. Medication should be logged daily and turned in at the end of the month. If youth does not take medication simply write "NONE" on the medication form and hand it in. Foster parents need to be aware of how much medication is in the home and who is taking it so that there is not a question of whether or not a youth had been taking more or less of their or anyone else's medication.
11. At any time or for any reason a youth sees a medical professional, a health visit report must be filled out and signed by a physician. This report needs to be turned into Turning Point within 24 hours of the visit. Please make sure that all the top information is filled out such as date of visit, name, address and number of physician, Medicaid #, and youth's birth date. If the visit is due to an accident or harm to self, foster parent needs to call Program Manager and Clinical Director immediately.
12. Foster parent needs to be aware of and following all Turning Point rules.



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13. If foster parent is going out of town or state with the youth, the foster parent needs to contact Turning Point of plans and have permission for the youth to go. Permission from Turning Point must be obtained. Turning Point will notify the caseworker of such events.
14. If foster parent is in need of respite, it is their responsibility to find a family to take their youth and work out financial issues. Turning Point must approve respite request. Turning Point needs to be notified of who, where, when, and why.
15. At any time a youth is in respite their Medicaid card needs to go with them.
16. If a youth threatens that they are going to harm his/her self it must be taken seriously. Call the Clinical Director immediately. Have youth sign a No Harm Contract.
17. Foster parent needs to have emergency numbers in their car.
18. All homes and vehicles must have updated first aid kits in case of emergency.
19. Foster parents are not allowed to physically touch the youth. No form of physical, emotional, verbal or sexual abuse will be tolerated.
20. All paperwork must be completed and handed in by the 3<sup>rd</sup> of the month (for the month previous) or your check at the end of the month can be delayed.

I have read all of the above policy and procedures. I understand them and will follow them.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Turning Point Family Care Inc.**

**Cohabitation Declaration**

**Turning Point will have all of it's foster care/ proctor providers sign and keep on file the Cohabitation Declaration form. ( See form ) on an annual basis. To ensure that the provider is not cohabiting in a relationship that is not a legally valid and binding marriage under the laws of the state.**



State of Utah

ION M. HUNTSMAN, JR.  
*Governor*

GARY R. HERBERT  
*Lieutenant Governor*

## Department of Human Services

LISA-MICHELE CHURCH  
*Executive Director*

Division of Child and Family Services

RICHARD J. ANDERSON  
*Director*

May 12, 2005

Dear Resource Families:

We need your help in order to comply with the state law. The law we are referring to involves the requirement that children in state custody must be placed with families who meet certain specific standards set by the Utah State Legislature to provide permanency for children. The following paragraph states the law that we are required to enforce:

- ◆ Utah Code Section 78-30-9(3)(a) "The Legislature specifically finds that it is not in a child's best interest to be adopted by a person or persons who are cohabiting in a relationship that is not a legally valid and binding marriage under the laws of this state. Nothing in this section limits or prohibits the court's placement of a child with a single adult who is not cohabiting as defined in Subsection (3)(b)."
- ◆ Utah Code Section 78-30-9(3)(b) "For purposes of this section, 'cohabiting' means residing with another person and being involved in a sexual relationship with that person."

Because licensed resource families are considered potential adoptive families, all families are required to sign a cohabitation agreement on an annual basis regardless of actual plans to adopt. The affidavit "Declaration Affirming Compliance with Utah Code 78-30-9 for Prospective Foster or Adoptive Parent(s)" is enclosed with this letter. The following administrative rules explain this requirement:

- ◆ Administrative Code R512-1-5(B) "A foster parent or foster parents must complete a declaration of compliance with Section 78-30-9(3) (a and b) that they are not cohabiting with another person in a sexual relationship. Beginning May 1, 2000, the division gives priority for foster care placement to families in which both a man and a woman are legally married or valid proof that a court or administrative order has established a valid common law marriage."
- ◆ Administrative Code R512-41-4(A)(3) "An adoption assessment must include: 'a declaration that applicants are not cohabiting in a relationship that is not a legal marriage and in compliance with Section 78-30-9(3)(a and b).'"

The Resource Family Consultant (RFC) assigned to work with your family will be contacting you in July to go over this requirement and obtain the signed cohabitation declaration that we do need to have in order to conform to Utah law. Newly licensed resource families will be required to sign the cohabitation declaration prior to any placement of children in their home. If you have children placed in your home, and

you choose not to sign the cohabitation declaration, the Resource Family Consultant will coordinate with each child's caseworker to request a regional administrative review. Each caregiver and child's situation will be reviewed on a case-by-case basis to determine whether or not the child can remain in the home. What is in the child's best interest, permanency, and long-term view will be considered in making this determination. If the child's permanency goal is adoption, the current caregiver will not be able to adopt, according to state statute, until they sign the cohabitation declaration. Whether or not it is determined that it is in the best interest of the child to remain in the caregiver's home, until the caregiver signs the cohabitation declaration, no other children in the custody of the Division of Child and Family Services can be placed in their home.

It is simply a matter of compliance with the law that has us reaching out to you with this request. We thank you for your support and dedication to Utah's children.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Anderson", written in a cursive style.

Richard Anderson, Director

**DECLARATION  
AFFIRMING COMPLIANCE WITH UTAH CODE ANN. 78-30-9  
FOR PROSPECTIVE FOSTER OR ADOPTIVE PARENT(S)**

We/I, the applicant(s), affirm that we are not (I am not) cohabiting in a relationship that is not a legally valid and binding marriage under the laws of this state.

**DEFINITIONS**

Cohabiting means residing with another person and being involved in a sexual relationship with that person.

Residing means living in the same household on an uninterrupted or intermittent basis.

Involved in a sexual relationship means sexual conduct between persons residing together.

We/I, the following applicant(s) as foster or adoptive parent(s) with the Division of Child and Family Services do solemnly swear (or affirm) that we are in compliance (I am in compliance) with Utah Code Annotated 78-30-9 (see below for actual text).

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

Signed under oath before \_\_\_\_\_ (Social Worker Witness)

Dated: This \_\_\_\_\_ day of \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

This Declaration will be submitted to the Court as evidence of our compliance with applicable law. This statement will become a part of the Court File and the truth of the statements herein will be relied upon by the Court. The submission of false statements under oath is perjury and punishable by law.

**UTAH CODE ANNOTATED 78-30-9**

(3) (a) The legislature specifically finds that it is not in a child's best interest to be adopted by a person or persons who are cohabiting in a relationship that is not a legally valid and binding marriage under the laws of this state.

Nothing in this section limits or prohibits the courts placement of a child with a single adult who is not cohabiting as defined in Subsection (3) (b).

(3) (b) For purposes of this section, cohabiting means residing with another person and being involved in a sexual relationship with that person.

## Cohabitation Declaration

Affirming Compliance with Utah Code Annotated §78-30-9 for Prospective Foster or Adoptive Parent(s) [Effective May 1, 2000]

The applicant(s) affirm that they are not cohabiting in a relationship that is not a legally valid and binding marriage under the laws of this state.

**Definitions:**

Cohabiting means residing with another person and being involved in a sexual relationship with that person.

Residing means living in the same household on an uninterrupted or intermittent basis.

Involved in a sexual relationship means sexual conduct between persons residing together.

The following applicant(s) as foster or adoptive parent(s) with the Child and Family Services of Child and Family Services

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

do solemnly swear (or affirm) that they are in compliance with Utah Code Annotated 78-30-9

Signed under oath before \_\_\_\_\_  
(social worker name)

This day \_\_\_\_\_ of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

This Declaration will be submitted to the court as evidence of the applicants' compliance with applicable law. This statement will become a part of the court file and the truth of the representations herein will be relied upon by the court. The submission of false statements under oath is perjury and punishable by law.

Utah Code Annotated §78-30-9, Effective May 1, 2000

(3)(a) The Legislature specifically finds that it is not in a child's best interest to be adopted by a person or persons who are cohabiting in a relationship that is not a legally valid and binding marriage under the laws of this state. Nothing in this section limits or prohibits the courts placement of a child with a single adult who is not cohabiting as defined in Subsection (3)(b).

(3)(b) For purposes of this section, cohabiting means residing with another person and being involved in a sexual relationship with that person