



FOSTER PARENT APPLICATION INTRODUCTION AND WELCOME

Dear Prospective Foster Parent(s),

We are excited about your interest in becoming a licensed foster parent with Omni Inventive Care.

Omni frequently works with youth who have suffered chronic trauma throughout their young lives. Such trauma can produce various negative behaviors and mental health disorders which can be difficult to handle if you have not had training on how to respond to such behaviors and disorders in a supportive, compassionate, and therapeutic manner.

Enclosed is an intake packet for you to complete to begin the foster parent program. The process of getting signed up for class and becoming a fully licensed foster parent can take anywhere from 3 months to 1 year.

- Fill out the Application Packet completely and accurately.
 - You may email the completed Packet back to Omni when finished or you may drop it off at the office. Please label it **ATTN FOSTER CARE**.
- Omni will review the Packet information to determine whether you are a good candidate for the foster parent program.
- If you're eligible, you will get signed up for our 10-week TIPS-MAPP class and complete additional items which includes but is not limited to the following:
 - APS/CPS/DMV Background Checks
 - Having anyone 18 years or older in the home get fingerprinted at the Nebraska State Patrol's office
 - 2 Course Sexual Abuse Training
 - Human Trafficking Training
 - RPPS Training
 - Nebraska Car Seat Training

The training and licensing process takes time to complete. Until those tasks are fully completed, the law will not allow foster youth to be placed in your home. Please be patient with us and we will walk you through the process.

Thank you again for your interest in becoming a licensed foster parent with Omni Inventive Care!

Hannah Scott, B.S.
Lead Foster Care Licensing Specialist
Office: 402-397-9866 ext. 1049
Email: Hannah.scott@omniic.com

Omni Foster Parent roles and responsibilities are for the benefit of both the foster youth and the foster parents. Those include but are not limited to the following:

1. Foster parents will transport foster youth, as needed, to locations where the youth is engaged in the community, including but not limited to school, community outings, appointments with professionals associated with the youth's care and appropriate extra-curricular activities.
2. Foster parents will schedule all medically necessary doctors' visits such as vision, dental, physical, psychological, psychiatric, therapeutic, etc.
3. Foster parents will attend and participate in Family Team Meetings for the foster youth unless NDHHS states otherwise.
4. Foster parents agree to timely complete all necessary written documentation relating to the child or children placed by NDHHS in the foster parents' home. This documentation includes but is not limited to foster parent reports, medication logs, behavioral assessments, and any other documentation relating to the provision of services as required by Omni and NDHHS.
5. Foster parents should have the ability to accept feedback from Omni staff and other team members and implement changes within your household.
6. Foster parents should ask questions regarding any feedback that needs additional clarification.
7. Foster parents should have the ability to communicate clearly and effectively with the foster youth placed in their home along with the youth's supporting team members such as Foster Care Specialists, Directors, case managers, therapists, etc.
8. Foster parents must allow Omni Foster Care Specialists, Foster Care Licensing Specialists and any other professional related to the foster youth's case into the home as needed.
9. Foster parents must provide information regarding any new changes in the household including but not limited to the following: Household members moving in or moving out, a separation or divorce, marriage, new criminal charges, etc.

The following are several of the many Nebraska Department of Health & Human Services [NDHHS] regulations governing foster parent licensing:

003.08(A)(iv) BACKGROUND CHECKS. The applicant and all other members of the household 18 years of age and older will submit background checks prior to licensing. Each individual living in the home on whom a background check will be performed will sign the authorization form granting the Licensing Agent permission to perform the background checks and obtain the results. The authorization must include all previous known names, including maiden names and aliases. The release of information must be signed by the parent or guardian for any child under the age of 19. Any foster children residing in the household are not subject to these background check requirements. The following background checks will be conducted:

1. State Central Register or Registry of child protection for any state in which the applicant has lived within the past 5 years.
2. Nebraska Adult Protective Services Central Registry.
3. Appropriate local law enforcement agency.
4. Sex Offender Registry for any state in which the applicant has lived within the past 5 years.
5. State-level criminal history; and
6. Fingerprint-based National Criminal History Check.

003.08(A)(vi)(2) TRAINING. The applicant completes training as follows:

1. For an initial license, the applicant must complete 21 hours of the Department-approved pre-service training, with such training being completed prior to licensure and within the 12 months immediately prior to licensure.
2. For a license renewal, the licensee must complete 12 hours of the Department approved in-service trainings annually within the effective dates of his or her license to be renewed.

003.08(A)(vi) COMPLIANCE CHECKLIST. Prior to licensure, renewal, or a license amendment, the Licensing Agent completes a Department approved compliance checklist. In order to complete the checklist for licensure or re-licensure, the Licensing Agent must make an on-site visit to the home. The home to be licensed must meet all criteria set forth in the compliance checklist or a license will be denied or may be revoked.

The compliance checklist includes but is not limited to the following requirements:

1. Applicant(s) must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care.
2. All household members who will provide care for a foster child must provide health information to document that she or he is physically and mentally capable of caring for children. For purposes of the initial license, the health information must include the signature of a Medical Professional.
3. Each foster parent must have access to Reliable Transportation that is both legal and safe for the child, access to public transportation, properly maintained and privately owned vehicle,

have a valid driver's license, provide insurance and registration and safety restraints in the vehicle as appropriate for children.

4. Each child is provided with a bed, bedding, and a place to store his or her belongings, there will be no co-sleeping arrangements, no person over the age of majority may co-sleep or bed-share with any person under the age of majority, and when required by the placing agency or the Department, the applicant will provide separate bedrooms.
5. Drugs, cleaning agents, poisons, alcoholic beverages and other potentially hazardous items, materials or equipment are inaccessible to youth or are used by youth under supervision of a caregiver.
6. All weapons and firearms are inaccessible to children and are unloaded and locked by a child-proof safety lock or stored in a locked cabinet or area.
7. All ammunition is inaccessible to children and stored in a locked cabinet or area and separate from the firearms.
8. Applicants and their guests will not smoke in the family foster home, in any vehicle used to transport the child, or in the presence of the child in foster care.

Omni licensing requirements include but are not limited to the following:

1. Applicant(s) must be 25 years old or older to apply unless an exception is made by the Director of Foster Care.
2. Single or married applicants must complete the 10-week TIPS-MAPP class and turn in all homework assignments, including make-up packets.
3. If married, both applicants must attend the TIPS-MAPP class and abide by all required licensing regulations.
4. Applicant(s) must attend the first TIPS-MAPP class as it is mandatory. Applicants are only allowed to miss 2 TIPS-MAPP classes, or you will need to retake the class.
5. To maintain a foster care license with Omni, foster parents must accept placement or respite of a youth one time annually after becoming licensed.
6. Foster parents must provide a 30-day notice to Omni Inventive Care if the foster parent no longer wants to maintain placement of a youth and must live out that notice.



Applicant 1

Name: _____ Gender: _____ DOB: _____

Email: _____ Phone: _____

Are you currently a licensed foster parent with another agency? Yes No

If yes, please provide the agency name: _____. You will need to fill out a Release of Information attached to this packet and return it with the application. This Release will be used to obtain information and documents from your current supporting agency.

Have you ever been a licensed foster parent in or out of the state of Nebraska? Yes No

If yes, what years and what state/agency: _____

Home Address: _____ County: _____

Applicant 2

Name: _____ Gender: _____ DOB: _____

Email: _____ Phone: _____

Relationship to Applicant 1 and for how long: _____

Are you currently a licensed foster parent with another agency? Yes No

If yes, please provide the agency name: _____. You will need to fill out a Release of Information attached to this packet and return it with the application. This Release will be used to obtain information and documents from your current supporting agency.

Have you ever been a licensed foster parent in or out of the state of Nebraska? Yes No

If yes, what years and what state/agency: _____

Referral Source

How did you hear about our foster care program? (Check all that apply)

- Friend Family Flyer/Brochure Social Media Other:

Please provide the name of the individual, social media, etc., who referred you, if applicable: _____

Applicant(s) Background

Applicant 1: _____

1. Do you drink alcohol? Yes No
2. Have you ever used illegal drugs, including marijuana? Yes No
3. Have you ever had problems because of your drug/alcohol use? Yes No
4. Have you ever received treatment for the use of drugs/alcohol? Yes No
 - a. If yes, please include date, duration, and outcome: _____

5. Have you been arrested, charged, or convicted of a criminal offense? (whether as a juvenile or had charges dismissed or conviction expunged)? Yes No
6. Have you been placed on probation, parole, or in any way been subject to the criminal justice system? Yes No
7. Please list any tickets (including driving offenses), arrests, convictions, etc. Include the date and circumstances of each event. _____

8. Have you lived outside of Nebraska within the last 5 years? Yes No
 - a. If yes, list the address and years you lived there: _____

9. Do you have a working, licensed and insured vehicle? Yes No (Please provide a copy of current automobile insurance with your application).
10. List the year, make, and model of your vehicle(s) and the number of seatbelts in your vehicle(s):

11. Do you have a valid Nebraska Driver's License? Yes No (Please provide a copy of your driver's license with your application).

Applicant(s) Background

Applicant 2: _____

1. Do you drink alcohol? Yes No
2. Have you ever used illegal drugs, including marijuana? Yes No
3. Have you ever had problems because of your drug/alcohol use? Yes No
4. Have you ever received treatment for the use of drugs/alcohol? Yes No
 - a. If yes, please include the date, duration, and outcome: _____

5. Have you been arrested, charged, or convicted of a criminal offense? (whether as a juvenile or had charges dismissed or conviction expunged)? Yes No
6. Have you been placed on probation, parole, or in any way been subject to the criminal justice system? Yes No
7. Please list any tickets (including driving offenses), arrests, convictions, etc. Include the date and circumstances of each event. _____

8. Have you lived outside of Nebraska within the last 5 years? Yes No
 - a. If yes, list the address and years you lived there: _____

9. Do you have a working, licensed and insured vehicle? Yes No (Please provide a copy of current automobile insurance with your application).
10. List the year, make, and model of your vehicle(s) and the number of seatbelts in your vehicle(s):

11. Do you have a valid Nebraska Driver's License? Yes No (Please provide a copy of your driver's license with your application).

Personal History Questionnaire

Applicant 1: _____

Education:

1. What is the highest level of education you have achieved? (Check mark one)
 GED High School Diploma Some College Associate's Degree
 Bachelor's Degree Master's Degree Doctorate
2. Name and location of school: _____

Employment:

1. What is your current occupation and place of employment? _____

2. Employer Address: _____
3. Employer Phone number: _____
4. Length of employment there: _____
5. Describe your work schedule, number of hours worked each week and flexibility: _____

Applicant 2: _____

1. What is the highest level of education you have achieved? (Check mark one)
 GED High School Diploma Some College Associate's Degree
 Bachelor's Degree Master's Degree Doctorate
2. Name and location of school: _____

Employment:

1. What is your current occupation and place of employment? _____

2. Employer Address: _____
3. Employer Phone number: _____
4. Length of employment there: _____
5. Describe your work schedule, number of hours worked each week and flexibility: _____

Other Household Members including children and anyone 18 years old or older				
First and Last Name	DOB	Gender	Grade in School or Occupation	Relationship (son, daughter, parent, grandparent, etc.)

1. Does anyone living in the home smoke or use tobacco products? Yes No

2. Do you have any pets? Yes No
 - a. If yes, list the animal (cat, dog, bird, etc.) and the number of them: _____

 - b. Are pets licensed and current on vaccinations? Yes No

 - c. Do pets have any history of causing any type of injury? Yes No

 - d. If yes, please provide an explanation including date and outcome: _____

3. Do you own any weapons or firearms? Yes No
 - a. If yes, please list what kind and the number in the home: _____

 - b. Where is/are the firearms and ammunition kept? (please be specific): _____

4. If you have medications in the home, where are they stored? (please be specific): _____

Foster Youth Characteristics

Below is a chart of characteristics that describe foster youth. Please review and rate each of those characteristics according to how comfortable you are with having a youth with that characteristic placed with you and your family.

Please use the scale of 0-5, where 0 = “definitely not” and 5 = “completely comfortable.”

Placement Comfort Rating		
Youth Characteristics	Applicant 1	Applicant 2
Youth (Ages 0-9)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Youth (Ages 10-14)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Youth (Ages 15-18)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Male Youth	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Female Youth	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Physically Aggressive Behaviors	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Verbally Aggressive Behaviors	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Physical Handicaps	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Intellectual/Developmental Disabilities	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Medical Needs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Emotional and Mental Health Needs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Substance Use/Exposure	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Trauma	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
LGBTQIA+ Community	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Gang Involvement	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Probation	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Sexualized Behaviors/History	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Missing from Care/Running Away	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
History of use of weapons (gun, knife, etc.)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

1. Please explain those youth characteristics you would **not** be willing to accept: _____

2. What type of youth do you think would do best in your home and family? _____

3. Are you open to taking siblings? Yes No

4. What has initially brought you or motivated you to apply to become a foster parent? _____

5. What are you hoping to achieve or gain by becoming a foster parent? _____

6. How do you plan on transitioning a foster youth into your home? _____

Please list all sources of family income in the table below including disability payments, Social Security, child support, full- and part-time jobs, benefits/assistance, etc.		
Monthly Income (before taxes)	Earned by which Applicant	Source of Income Or Employer

Total Monthly Income: _____

Signature of Applicant 1: _____ Date: _____

Signature of Applicant 2: _____ Date: _____



RELEASE OF FOSTER PARENT INFORMATION

Form with two columns: Foster Parent 1 and Foster Parent 2. Fields include Name, Address, City, State, Zip, Telephone, Date of Birth, and Social Security #.

This release permits Omni Inventive Care to release to relevant State Agencies (e.g., Nebraska Department of Health & Human Services) or other public or private foster care service agencies, all relevant information as described herein below relating directly or indirectly to the above-named foster parents' ability to provide high quality, safe, and effective foster or adoptive care for the youth they may be entrusted to serve.

- a) Foster parent(s) application to Omni
b) Home study
c) Current licensing forms
d) Fire Marshall's reports
e) Criminal histories and police reports
f) Evaluations of foster care placements
g) Assessments and investigations
h) Pre-service and in-service training history
i) All other pertinent information regarding me/us as (a) foster parent(s)

Recipient Agency

Recipient Agency Address

Recipient Agency Contact/Phone

By signing this release, the foster parents confirm their understanding that the information is released 1) for the general purpose of maintaining the safety and integrity of the foster care system in the United States, and 2) for the specific purpose of allowing the Recipient Agency to review information regarding the foster parents' ability to provide foster or adoptive care.

Further, the signatory foster parent(s) hereby indicate(s) their understanding 1) that the Recipient Agency may choose not to use him or her as a foster parent or adoptive parent based on the information released by Omni, 2) that Omni Inventive Care has no control over the Recipient Agency's choice to use the foster parent, 3) that Omni Inventive Care has no control over how the Recipient Agency stores the information or controls, limits, or permits others' access to, or use the information, and 4) expressly agrees to hold Omni Inventive Care harmless for any liability related directly or indirectly to Omni Inventive Care's release of the information described herein to the Recipient Agency.

The signature(s) affixed below indicate(s) the foster parent(s) have read this release in its entirety, agree with its content and purpose, and expressly consent to the release of the above-described information regarding his/her foster home and foster parenting history to the Recipient Agency, listed above.

Foster Parent Signature/Date

Foster Parent Signature/Date