



NEW LEAF ALTERNATIVE
2480 South Main Street Ste. 105
South Salt Lake City, UT 84115
(801) 485-3772 phone (801) 485-3750 fax

March 14, 2012

Dear,

Thank you for your interest in becoming a foster parent with New Leaf Alternative. There is much to learn and many new and great experiences a head of you, in working with foster children. New Leaf Alternative is a reputable company that has been in the business of working with children since 1995.

As anything worth doing this is worth doing well and there are many steps along the way. Included in this packet are the various things that will need to be completed prior to working with foster youth. Please review all the forms and begin filling things out and collecting data.

If you have any questions please feel free to contact me at (801) 688-0309 or email me at rebecca@newleafalternative.com

Kindest Regards,

Rebecca Keller

Rebecca Keller
Programs Director/Placement Coordinator
New Leaf Alternative

Index list prior to foster care:

- _____ Background checks for everyone in household over 18 years old
- _____ Provider Code of Conduct read and signed
- _____ 3 Letters of Reference (one related two not related)
- _____ Medical Release from a physician
- _____ Copies turned in of insurance, pet records, marriage license,
- _____ Copies turned in: proof of employment (pay check stubs, deposit docs, taxes)
- _____ Signed contracts and documents

TRAINING PORTION

- _____ Pre-service training
- _____ CPR/1st Aid training
- _____ Training Manual
- _____ Training Audio/Visual Completed
- _____ Web processes training and monthly paperwork

ADDITIONAL ITEMS

- _____ Home Evaluation
- _____ Home Study
- _____ Fire Drills Posted
- _____ Emergency Response Plan Completed
- _____



Becoming a foster parent

Here at New Leaf Alternative we have raised hundreds of kids over the years. It is important to know that these kids come to us with great needs; doing foster care is like no other work you will ever do. When you become a part of these kids' lives even for a few months, you become a part of their memories, their history, and their lives forever.

You are paramount to their success. These kids need to know what a successful adult looks like. They need stability, maturity, consistency, dependability, emotional steadiness, a moral and ethical role model, life skills, and a place to develop talents and long-term abilities. We are in the business of changing lives and building communities. In order to equip foster parents with the best parenting and fostering tools, ongoing training is required each year.

As compensation for your important work you receive \$21.667 each day for the first child and \$20.00 for the day rate for each additional child. Each child receives a stipend to attend to some of their personal needs. The rate is \$2.00 per day, and is utilized to fulfill clothing, shoes, hygiene (above what the home provides), and some hobbies/extra-curricular activities as approved by program. Each child is also provided with health insurance.

Several resources are available to assist your efforts. A tracker is provided for each child. The tracker checks on them at school, attends meetings and court, helps you with the medical requirements, assists in the home with the kids, and is a mentor and teacher to the kids. Additionally, as the programs director I coordinate with the State resolve situations as needed. Generally each child is assigned to a therapist. You can access the therapist to better understand and approach your child's behaviors and challenges.

The child is always considered first. Placement in a foster home matches the child's needs to a home willing and able to serve those needs. For example, foster care is typically a long-term commitment. However, we have children needing a foster home for only a few months and have matched the children to homes accordingly.

Your ability to influence these kids' lives is immeasurable. Thank you for your interest in becoming a foster parent.

Provider Code of Conduct

<http://hslic.utah.gov/docs/code%20of%20conduct.PDF> Read the document and print the signature page. Sign the signature form and turn it into me when this is complete.


Background Check Process- Detail:

This is a real process

Step one: BCI FORM Each person in the home including the caregiver and spouse are required to complete the background check process. Go to this website <http://hslic.utah.gov/background-screening/screening-application/> and fill out the background check form the section you are looking for looks like this at the top of the page:

Background Screening Application

The background screening application can be acquired from the Licensee Representative or downloaded [here](#)
(also available with data-entry fields [here](#))
Instructions for completing the application are located [here](#)



Fill out the background check form. When it comes to the portion of the form that is for Program Type put in the following information:

Program Name: New Leaf Alternative

Mailing Address: 2480 South Main Street Suite 205 **City:** Salt Lake City **State:** Utah **Zip Code:** 84115

Print Program Representative/DHS Licensor (foster care only) Name: Rebecca Keller **Phone:** 801 485-3772

Leave the last line blank, I will sign this when I meet with you prior to my taking it into Office of Licensing

Be sure to fill out both pages and answer the four questions completely.

THEN: PRINT IT, sign it in BLUE ink. (They are sticklers, any other color **especially black** will reject your BCI and you have to start over!) 😞

Step two: Fingerprints

There are two ways to accomplish fingerprints. You need to go to one of these places or your local police station and have **"2"** cards done. Prices vary. See the list below for places you can go:

Locations you can go to get your fingerprint cards are as follows:

Other Fingerprinting Locations

Call or go to your local police station and request two fingerprint cards. Generally these cost \$5-6.00 each You will absolutely need TWO cards.

You will absolutely need to fill these cards out in BLUE ink otherwise they will be rejected by office of license at the BCI level.

Fingerprinting Information:

PUBLIC SAFETY OFFICE:

<http://publicsafety.utah.gov/bci/PublicServices.html> (1 block west of Bangarter Highway, behind McDonalds)

Utah Bureau of Criminal Identification

3888 West 5400 South

Salt Lake City, UT 84129 Monday through Friday (8:00 am - 5:00 pm)**except state observed holidays

A government issued form of identification (i.e., driver's license, state ID card, passport, etc.) is required for the fingerprinting and photo services. Utah Driving Privilege cards will not be accepted as a form of ID.

No appointment is necessary for either the fingerprinting or photo services.

Fingerprint Services - 801-965-4569

Fingerprint Cards (up to 3 cards).....\$15.00

Each additional card after 3\$5.00

UNIFIED POLICE

http://updsl.org/divisions/technical_services/fingerprinting

The Unified Police Department provides fingerprinting services to the public for a variety of reasons including such things as:

- Employment requests ,Applications for adoption, Concealed weapons permits, Expungements

Hours: Hours for fingerprinting are 1:00 pm to 3:45 pm, Monday through Friday. We are not open on holidays. Please call in advance to confirm someone is available to take your fingerprints.

Requirements: A picture I.D. is required to enter the building and for fingerprinting services.

Fees and Payment: There is a \$10.00 fee per card. We accept cash or check only.

Address:

Sheriff's Administration Bldg. - North Entrance
Crime Lab / Second Floor
3365 South 900 West
Salt Lake City, Utah 84119
Phone: 385.468.8855

Step three: ID and meet with Becky

Bring your social security card and your driver's license, or have it copied and bring the copy.

Recap: 1. fill out the BCI form 2. Complete two fingerprint cards 3. Copy Social Security and Driver's License and meet with BECKY KELLER 801-688-0309

Becky must sign and authorize form and then she will submit to Office of License.

Here are the reference letter forms; you are welcome to have your reference persons email me their replies to the questions as sometimes that is the easiest and quickest ways to complete the process. My email is ralder@newleafalternative.com

REFERENCE LETTER FOR FOSTER/PROCTOR CARE

DATE _____

_____ has/have applied to become a foster parent(s) for children with the State of Utah. They have given us authorization to contact you in order for us to appropriately screen them for foster/proctor children in our community. Your comments will be held in STRICT CONFIDENCE. Please complete this form and sign. Thank you for your time, willingness, and cooperation!

1. How long and in what capacity have you known the applicants? _____
2. How often do you have contact with the applicants? _____
3. Describe your relationship to them: _____
4. What are some of the strengths of this family as you see them? _____
5. What kind of stress have you seen this applicant(s) deal with and how do they solve or handle stress?
6. In what ways are family members supportive to each other? _____
7. What have you observed that would indicate how the family expresses care and concern or love and affection for family members? _____
8. Explain any insight you might have into how the applicants relate to others outside the their family unit?

9. Do you feel comfortable in recommending these applicants to care for school age children or teenagers in their home? _____
10. What do you feel are some of the applicant's qualifications to provide the type of care for school age or teenage youth? _____
11. Do you feel that the applicants can provide adequate supervision; structure, boundaries, and emergency care for school age/teenage youth? _____
12. What are your personal feelings about them doing foster/proctor care- how do you feel they will help/hinder the care of school age/teenage youth? _____

Signature: _____ Date: _____

PLEASE RETURN TO:

NEW LEAF ALTERNATIVE
2480 SOUTH MAIN STREET
SUITE 105
SOUTH SALT LAKE CITY
UTAH 84115

Medical Release Form to be filled out by your physician

MEDICAL REPORT ON FOSTER/PROCTOR CARE APPLICANT

PROGRAM: NEW LEAF ALTERNATIVE ATTENTION: REBECCA KELLER

ADDRESS: 2480 South Main Street Suite 105 South SLC, Utah 84115

PHONE: (801) 485-3772

TO BE FILLED OUT BY APPLICANT

I, _____ (please print name) hereby give consent to have the following medical information released to the above listed program:

Physician Name _____

Address _____ Phone Number _____

Applicant's Signature _____ Date _____

Address _____ Phone Number _____

TO BE COMPLETED BY PHYSICIAN

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

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

Emotional _____

Physical _____

2. Is this individual currently under treatment? Yes _____ No _____

Condition _____

Prognosis _____

3. Is this individual currently taking any medication that would affect his/her ability to care school age children or teenagers? Yes _____ No _____

4. From a medical viewpoint and from your knowledge of this person, would you recommend this person to provide foster/proctor care? Yes _____ No _____

Additional Comments: _____

Physician's Signature _____ Date _____

PLEASE RETURN TO THE ABOVE PROGRAM