

Micro-FACSIS Private Agency Form (PCPA and PNA)
OWN AGENCY FOSTER HOME - RESOURCE 01

Agency Name:	Agent ID: _____	
Contact Person:	Phone Number (_____) _____ - _____	
Resource ID #: <u>0 1</u> _____		
<input type="checkbox"/> Register New Foster Home	<input type="checkbox"/> Add/Modify Event(s)	<input type="checkbox"/> Address/Name Change

RESOURCE REGISTRATION INFORMATION (Record Last Name, First Names):

Resource Name:		
Address:		City:
State: _____	Zip Code: _____ - _____	County Where Resource is Located: _____
Marital Status _____	Marital Effective Date ____/____/_____	
FH Contact Person:		Phone Number (_____) _____ - _____

ALL HOUSEHOLD MEMBERS REGISTRATION- INDIVIDUAL DATA:

Name	SSN	DOB	Sex	Race	Role	Relig	Educ
Female Caregiver 1.	____-____-____	____/____/____					
Male Caregiver 2.	____-____-____	____/____/____					
3.	____-____-____	____/____/____				X	X
4.	____-____-____	____/____/____				X	X
5.	____-____-____	____/____/____				X	X
6.	____-____-____	____/____/____				X	X
7.	____-____-____	____/____/____				X	X
8.	____-____-____	____/____/____				X	X
9.	____-____-____	____/____/____				X	X
10.	____-____-____	____/____/____				X	X

BASIC PLACEMENT REGISTRATION INFORMATION:

Category: <u>1</u>	Capacity _____	Minimum Age _____	Maximum Age _____
Acceptable Sex _____	Acceptable Races _____, _____, _____, _____, _____, _____		

BASIC SERVICES REGISTRATION INFORMATION:

Service Type(s):	Accepts Assessment Level of:	Excluding Characteristics:
1). _____	Physical ____ Mental ____ Emotional ____	____, _____, _____, _____, _____, _____
2.) _____	Physical ____ Mental ____ Emotional ____	____, _____, _____, _____, _____, _____

Micro FACSIS Private Agency Form (PCPA and PNA)
OWN AGENCY FOSTER HOME - RESOURCE 01
JFS 01639 (Rev 4/2002)

The **OWN AGENCY FOSTER HOME - RESOURCE 01 (JFS 01639)** Form is used to register the Foster Home with the Micro-FACSIS system, modify existing Foster Home information and report the result of the licensing process.

- Agency Name:** Enter the name of the agency submitting the information.
- Agent ID:** Enter the 3-digit Agent ID number of the Agency submitting the information.
- Contact Person:** Enter the name of the Agency contact person.
- Phone Number:** Enter the Agency contact person's phone number.
- Resource ID Number:** Enter the 7-digit unique identifier assigned to identify the Foster Home. The first 2-digits are predefined as "01". The last 5-digits are assigned by the agency.
- Register New Foster Home Box:** Check the box marked "Register New Foster Home" when a **new** Foster Home is being registered.
- Add/Modify Events Box:** Check the box marked "Add/Modify Events" when a **adding a new event, modifying an event or modifying information**. If the Foster Home is being registered and there are events to be entered, both the "Register New Foster Home" box and the "Add/Modify Events" box can be checked on the same form.
- Address/Name Change Box:** Check the box marked "Address/Name Change" when the change to be made is the address of the Foster Home or a change in the name of the Foster Home. If the Foster Home has an Address/Name Change and there are events to be entered, both the "Add/Modify Events" box and the "Address/Name Change" box can be checked on the same form.

BASIC RESOURCE REGISTRATION INFORMATION

- Resource Name:** Enter the name of the Foster Home as it is to appear on the License Certificate. Maximum length is 25 characters. When entering the Resource name, enter the last name first, then the first names. (i.e.: Smith, Joe and Sally)
- Address:** Enter the physical location of the Foster Home.
Street address: maximum length 25 characters.
City: maximum length 20 characters.

State: maximum length 2 characters.
Zip Code: maximum length 9 characters.

- County Where Resource is Located:** Enter the 2-digit code which identifies the county in which the Foster Home is located. Please refer to the Micro-FACISIS Code Sheet for the appropriate codes.
- Marital Status:** Enter the 2-digit code that reflects the marital status of the Foster Home caregiver(s). Please refer to the Micro-FACISIS Code Sheet for the appropriate codes.
- Marital Effective Date:** Enter the date of the marital status of the Foster Home Caregiver(s). If the Foster Caregiver is single, a Marital Effective Date does not need to be entered.
- FH Contact Person:** Enter the name of the Foster Home's contact person.
- Phone Number:** Enter the Foster Home contact person's phone number.

ALL HOUSEHOLD MEMBERS REGISTRATION - INDIVIDUAL DATA

- Household Members:** Enter the demographic information for all the current household members; excluding any foster children residing in the home. Please refer to the Micro-FACISIS Code Sheet for the appropriate codes for the Sex, the Race, and the Role of each family member. The Religion and Education Level is only recorded for the Resource Caregivers. Please refer to the Micro-FACISIS Code Sheet for the appropriate codes for Religion and Education Level. For reporting purposes, the 1st Foster Caregiver is always considered to be the Female Caregiver and the 2nd Foster Caregiver is always considered the Male Caregiver.

BASIC PLACEMENT REGISTRATION INFORMATION

- Category:** The 1-digit code of "1" has been predefined.
- Capacity:** Enter the total number of children the Foster Home is willing to accept. (Example: 0001 = will accept one child, 0010 = will accept ten children).
- Minimum Age:** Enter the minimum age the Foster Home will accept. If the Foster Home is willing to accept a child that is under the age of one year old, then use "00".
- Maximum Age:** Enter the maximum age the Foster Home will accept.
- Acceptable Sex:** Enter the Alpha code that reflects the gender the Foster Home is willing to accept. Please refer to the Micro-FACISIS Code Sheet for the appropriate codes.

Acceptable Races: Enter the 2-digit code that reflects the child's Race(s) the Foster Home is willing to accept. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes. **Please note the Race codes have changed due to the AFCARS Initiatives.**

BASIC SERVICES REGISTRATION INFORMATION

Service Types: Enter the 2-digit code that reflects the type of service(s) the Foster Home is willing to provide. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes.

Acceptable Handicap Assessment: Enter the 2-digit code that reflects the child's handicap(s) assessment level the Foster Home is willing to accept. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes.

Excluding Client Characteristics Code: Enter the 2-digit code that reflects the child's client characteristics the Foster Home will *not* accept. Up to six characteristics can be entered. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes. **Please note the Client Characteristics Categories have been increased to be more inclusive.**

FOSTER HOME LICENSING EVENTS (STATE REQUIRED)

Event 800: Completed Application Received: Enter the date the Foster Home Application was received by the Agency. This Event **must** be entered in order to receive a License.

Event 820: Criminal Background Check: This Event must be completed for every Foster Caregiver Applicant. This Event must also be entered for all household members (excluding any foster children residing in the home) 18 years of age or older as part of the Foster Caregiver Certification process.

Date Card Mailed: Enter the date the card was mailed.

Checked on Whom: Circle the value which indicates the person for whom the check was conducted.

Response: Circle the value which indicates the appropriate code to reflect the response received from the BCI for this individual.

Rehabilitated: Circle the value which indicates the appropriate code to reflect the individual was rehabilitated or not rehabilitated.

5 Years in Ohio: Circle the value which indicates the appropriate code to reflect the individual has lived in Ohio for five consecutive years immediately prior to this Criminal

Background Check or has not lived in Ohio for five consecutive years immediately prior to this Criminal Background Check. If the individual has **not** lived in Ohio for five consecutive years immediately prior to this check, the FBI Background Check must also be completed on this individual.

Event 822: FBI

Background Check:

This Event must be entered for all household members (excluding any foster children residing in the home) 18 years of age or older that have not lived in Ohio for five consecutive years immediately prior to the Criminal Background Check as part of the Foster Caregiver Certification process.

Date Card Mailed: Enter the date the card was mailed.

Checked on Whom: Circle the value which indicates the person for whom the FBI Check was conducted.

Response: Circle the value which indicates the appropriate code to reflect the response received for this individual.

Rehabilitated: Circle the value which indicates the appropriate code to reflect the individual was rehabilitated or not rehabilitated.

Event 850: Local

Educational Agencies:

This Event must be completed for every Foster Home at the initial registration and each time the Foster Home has a change of address that is in a different county or the Foster Home is now located in another school district.

LEA Code: Enter the 5-digit Local Educational Agency (LEA) code in which the Foster Home resides. Please refer to the Micro-FACSYS Glossary Appendage for the appropriate LEA Code.

County Code: Enter the 2-digit County code in which the Foster Home is located. Please refer to the Micro-FACSYS Usage Document Section J: Resource Registration for the appropriate County Code.

Event 812: Foster

Parent Family Structure:

This Event must be entered for all Foster Homes.

Family Structure: Circle the value which indicates the Foster Home family structure. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes.

Event 814: First Foster

Parent Demographics:

This Event must be entered for all Foster Homes.

Date of Birth: Enter the Date of Birth (DOB) for the 1st Foster Caregiver. For reporting purposes, the 1st Foster Caregiver is always considered to be the Female Caregiver.

Race: Enter the 2-digit Race code for the 1st Foster Caregiver. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes.

Ethnicity: Enter the 2-digit ethnicity code for the 1st Foster Caregiver. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes.

Event 818: Second Foster Parent Demographics:

This Event is entered only if the Foster Home structure is a married couple or unmarried couple. If the Foster Home Family Structure is a Single Female or a Single Male, do not complete this Event.

Date of Birth: Enter the Date of Birth (DOB) for the 2nd Foster Caregiver. For reporting purposes, the 2nd Foster Caregiver is always considered to be the Male Caregiver.

Race: Enter the 2-digit Race code for the 2nd Foster Caregiver. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes.

Ethnicity: Enter the 2-digit ethnicity code for the 2nd Foster Caregiver. Please refer to the Micro-FAC SIS Code Sheet for the appropriate codes.

.....**Stop Here**.....

Once the above Resource Information and Events have been entered (via page 1 and page 2 of the JFS 01639) and your Agency submitted the Recommendation for Certification/Recertification of a Family Foster Home (JFS 01317) to request the issuance of the Foster Home License and the Foster Home License has been sent to your Agency, no other State Events are required for this Resource. If your Agency elects to track the Resource Status, then **only** page 3 of the JFS 01639 needs to be submitted to enter the following State *Optional* Events.

Please note: If completing page 3 of the JFS 01639, be sure to complete the Agency information and the Resource information at the top of page 3 and check the box marked “Add/Modify Events”. **DO NOT** complete any of the previous events **UNLESS** there are changes to be made. If changes are to be made on previous entered information or Events, a *new* JFS 01639 will need to be submitted at this time.

FOSTER HOME LICENSING EVENTS (OPTIONAL EVENTS) Continued

Event 804: Licensed Issued (Optional):

This Event is *optional* due to the data captured in this event is entered at the state level with the information you provided on the Recommendation for Certification/Recertification of a Family Foster Home Form (JFS 01317). This Event can be entered when the Agency has received a License from the ODJFS Licensing Section for an initial certification or a recertification of a Foster Home to document the License was received.

Event Date: Enter the date the Agency received the License from the ODJFS Licensing

Section.

Type: Circle the value which indicates the type of the License that has been issued. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Effective Date: Enter the effective date as displayed on the License.

Expiration Date: Enter the expiration date displayed on the License.

Event 806: License

Rule Waived (Optional): This Event is *optional* due to the data captured in this event is entered at the state level with the information you provided on the Recommendation for Certification/Recertification of a Family Foster Home Form (JFS 01317). This Event can be entered when your Agency has been notified by ODJFS Licensing Section that the Foster Home will be Licensed, but the home is not in total compliance with ODJFS rules to document the waived rule(s).

Event Date: Enter the date your Agency was notified.

Rule Number: Enter the 2-digit code that reflects the rule that was waived. Up to 6 rule codes can be entered for this event. If there are more than 6 rules waived, this Event can be entered multiple times. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Event 808: Application Denied/Withdrawn (Optional):

This Event is *optional* due to the data captured in this event is entered at the state level with the information you provided on the Recommendation for Certification/Recertification of a Family Foster Home Form (JFS 01317). This Event can be entered when your Agency has accepted the applicant's decision to voluntarily withdraw their application *or* when your Agency makes the decision to deny the application *prior* to the issuance of the initial License.

Event Date: Enter the date the decision was made.

Reason: Enter the 2-digit code that reflects the reason the application was denied/withdrawn. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Rule: Enter the 2-digit code that reflects why the application was denied. Up to 5 rule codes can be entered for this event. If there are more than 5 rules denied, this Event can be entered multiple times. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Event 816: Certificate

Terminated (Optional): This Event is *optional* due to the data captured in this event is entered at the state level with the information you provided on the Recommendation for

Certification/Recertification of a Family Foster Home Form (JFS 01317). This Event can be entered when the Foster Home has been closed/terminated **after** the issuance of a License to document the Resource closure.

Event Date: Enter the effective date the certificate was terminated.

Reason: Enter the 2-digit code that reflects the reason the certificate was closed. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes. [The value 02 is only entered when the ODJFS Licensing Section revokes the License through a legal process. The Licensing Section will notify your Agency first, then your Agency can enter this Event with value 02.]

Rule: Enter the 2-digit code that reflects why the License was terminated. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes.

LOCAL AGENCY DEFINED EVENTS

Event 861: Active

Resource: This Event is *Optional*. This Event is *only* entered in the Agency Database. Therefore, this Event **does not** Activate the Resource in FACSIS. Once this Event is entered, the “**County Resource Status**” will reflect *Active* on the Private Agency Quarterly Report that is distributed from ODJFS Licensing Section.

Event 867: Close

Resource: This Event is *Optional*. This Event is *only* entered in the Agency Database. Therefore, this Event **does not** Close the Resource in FACSIS. Once this Event is entered, the “**County Resource Status**” will reflect *Close* on the Private Agency Quarterly Report that is distributed from ODJFS Licensing Section.

Service Type(s):	Accepts Assessment Level of:	Excluding Characteristics:
3.) ___	Physical ___ Mental ___ Emotional ___	___, ___, ___, ___, ___, ___

FOSTER HOME LICENSING EVENTS: (STATE REQUIRED)

<input type="checkbox"/> 800-Completed Application Received		Date ___/___/_____			
Event Code	Date Card Mailed:	Check Conducted on Whom:	Response:	Rehabilitated:	5 Years in Ohio:
820-Criminal Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	01 Yes 02 No
820-Criminal Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	01 Yes 02 No
820-Criminal Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	01 Yes 02 No
820-Criminal Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	01 Yes 02 No
822 -FBI Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	N/A
822 -FBI Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	N/A
822 -FBI Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	N/A
822 -FBI Background Check	___/___/_____	01 Person 1 02 Person 2 03 Adult over 18 04 Child 12 and older	01 Prohibitive 02 Not Prohibitive 03 No Criminal Record	01 Yes 02 No 97 N/A	N/A
<input type="checkbox"/> 850-Local Educational Agencies		LEA Code _____	Resource County Code _____		
<input type="checkbox"/> 812-Foster Caregiver Parent Family Structure		01 Married Couple 02 Unmarried Couple	03 Single Female 04 Single Male		
<input type="checkbox"/> 814-First Foster Caregiver Parent Demographics		DOB ___/___/_____	Race _____	Ethnicity _____	
<input type="checkbox"/> 818-Second Foster Caregiver Parent Demographics		DOB ___/___/_____	Race _____	Ethnicity _____	

Agency Name:	Agent ID: _____
Contact Person:	Phone Number (____)____-_____
Resource Name:	Resource ID #: 0 1 _____
FH Contact Person:	Phone Number (____)____-_____
<input type="checkbox"/> Add/Modify Event(s)	

FOSTER HOME LICENSING EVENTS: (OPTIONAL EVENTS)

<input type="checkbox"/> 804-License Issued (Optional)	Date _____/_____/_____	Type 01 Temporary 02 Regular	Effective Date _____/_____/_____	Expiration Date _____/_____/_____
<input type="checkbox"/> 806-License Rule Waived (Optional)	Date _____/_____/_____		Rule Number _____,_____,_____, _____,_____,_____	
<input type="checkbox"/> 808-Application Denial/Withdrawal (Optional)	Date _____/_____/_____	Reason _____	Rule Number _____,_____,_____, _____,_____	
<input type="checkbox"/> 816-Certificate Terminated (Optional)	Date _____/_____/_____	Reason _____	Rule Number _____,_____,_____, _____,_____	

LOCAL AGENCY EVENTS (Not Transmitted to Host):

<input type="checkbox"/> 861- Active Resource (Optional)	Date _____/_____/_____
<input type="checkbox"/> 867- Close Resource (Optional)	Date _____/_____/_____

Please note: The above mentioned Foster Home License Events are *optional* due to the data captured in these events is entered at the state level with the information you provided on the Recommendation for Certification/Recertification of a Family Foster Home Form (JFS 01317).