

Micro FACSIS Private Agency Form (PCPA and PNA)
OWN AGENCY ADOPTIVE HOME - RESOURCE 40

Agency Name:	Agent ID: _____
Contact Person:	Phone Number (____) _____ - _____
Resource ID #: <u>4 0</u> _____	
<input type="checkbox"/> Register New Adoptive Home	<input type="checkbox"/> Address/Name Change

BASIC RESOURCE REGISTRATION INFORMATION (Last Name, First Name):

Resource Name:		
Address:		City:
State: _____	Zip Code: _____ - _____	County Where Resource is Located: _____
Marital Status _____	Marital Effective Date ____/____/_____	

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:	Accepts Assessment Level of:	Comment	Excluding Client Characteristics:
1). <u>0 2</u>	Physical ____ Mental ____ Emotional ____	_____	____, _____, _____, _____, _____, _____

ADOPTION EVENTS: (STATE REQUIRED)

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JFS 01648 (Rev 4/2002)

The **OWN AGENCY ADOPTIVE HOME - RESOURCE 40 (JFS 01648)** Form is used to register the Adoptive Home with the Micro-FACSIS system, modify an existing Adoptive Home and report the result of the home study 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.
- Agency Contact Person:** Enter the name(s) 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 Adoptive Home. The first 2-digits are predefined as "40". The last 5-digits are assigned by the agency.
- Register New Adoptive Home Box:** Check the box marked "Register New Adoptive Home" when a **new** Adoptive Home is being registered.
- Address/Name Change Box:** Check the box marked "Address/Name Change" when there is a change to the address of the Adoptive Home or a change in the name of the Adoptive Home Resource.

BASIC RESOURCE REGISTRATION INFORMATION

- Resource Name:** Enter the name of the Adoptive Home. When entering the Resource name, enter the last name first, then the first names. (i.e.: Smith, Joe and Sally)
Maximum length is 25 characters.
- Address:** Enter the physical location of the Adoptive 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 Adoptive Home is located. Please refer to the Micro-FACSIS Code Sheet for the appropriate code.

Marital Status: Enter the 2-digit code that reflects the marital status of the potential Adoptive person/couple. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes.

Marital Effective Date: Enter the date of the marital status of the Adoptive couple. If the Adoptive Caregiver is single, a Marital Effective Date does not need to be entered.

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-FACSYS 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-FACSYS Code Sheet for the appropriate codes for Religion and Education Level. For reporting purposes, the 1st Adoptive Caregiver is always considered to be the Female Caregiver and the 2nd Adoptive 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 Adoptive Family is willing to accept. (Example: 0001 = will accept one child, 0010 = will accept ten children).

Minimum Age: Enter the minimum age the Adoptive Home will accept. If the Adoptive 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 Adoptive Home will accept.

Acceptable Sex: Enter the Alpha code that reflects the gender the Adoptive Home is willing to accept. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes.

Acceptable Races: Enter the 2-digit code that reflects the child's Race(s) the Adoptive Home is willing to accept. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes. **Please note the Race Codes have changes due to the AFCARS initiatives.**

BASIC SERVICES REGISTRATION INFORMATION

Service Type: The 2-digit code of "02" has been predefined.

Acceptable Handicap Assessment: Enter the 2-digit code which reflects the child's handicap(s) assessment level

the Adoptive Home is willing to accept. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes.

Comment Indicator: Enter a “Y” to indicate a comment does exist and enter an “N” to indicate there are no comments. It is required that additional information pertaining to the Adoptive Home that is not captured on the Resource Registration Screen must be submitted in the comment section. Maximum comment length is 750 characters.

Excluding Client Characteristics: Enter the 2-digit code that reflects the child’s client characteristic(s) the Adoptive Home will *not* accept. Up to 6 characteristics can be entered. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes. **Please note the Client Characteristics Categories have been increased to be more inclusive.**

ADOPTION EVENTS (STATE REQUIRED)

Event 740: Approved Application Received: This Event must be entered for every Adoptive Home application that has been approved.

Event Date: Enter the date the agency begins the adoptive home study process.

Type: Circle the value which indicates the type of child(ren) the Adoptive Home will adopt. Please refer to the Micro-FACSYS Code Sheet for the appropriate codes.

Event 820: Criminal Background Check: This Event must be completed for every Adoptive 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 Adoption Approval 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 was received from 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 has not lived in Ohio for five consecutive years immediately prior to the Criminal Background Check as part of the Adoption Approval 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 742: Home
Study Approved:**

This Event must be entered for every approved Adoptive Home.

Event Date: Enter the date the Adoptive Home was approved for placement.

**Event 850: Local
Educational Agencies:**

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

LEA Code: Enter the 5-digit Local Educational Agency (LEA) code in which the Adoptive 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 Adoptive Home is located. Please refer to the Micro-FACSYS Usage Document Section J: Resource Registration for the appropriate County Code.

**Event 812: Adoptive
Parent Family Structure:**

This Event must be entered for all Adoptive Homes.

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

Event 814: First Adoptive

Parent Demographics: This Event must be entered for all Adoptive Homes.

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

Race: Enter the 2-digit Race code for the 1st Adoptive Parent. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Ethnicity: Enter the 2-digit ethnicity code for the 1st Adoptive Parent. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Event 818: Second Adoptive

Parent Demographics: This Event is entered only if the Adoptive Home structure is a married couple or unmarried couple. If the Adoptive 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 Adoptive Caregiver. For reporting purposes, the 2nd Adoptive Caregiver is always considered to be the Male Caregiver.

Race: Enter the 2-digit Race code for the 2nd Adoptive Parent. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Ethnicity: Enter the 2-digit ethnicity code for the 2nd Adoptive Parent. Please refer to the Micro-FACSSIS Code Sheet for the appropriate codes.

Event 744: Home Study

Not Approved: This Event must be entered for every Adoptive Home study that was not approved.

Event Date: Enter the date the Adoptive Home was not approved for placement.

Reason: Enter the 2-digit code that reflects the reason the Adoptive Home was not approved. Please refer to the Micro-FACSSIS Code Sheet for the appropriate code.

.....Stop Here.....

Once the above Resource Information and Events have been entered (via page 1 and page 2 of the JFS 01648), then **only** page 3 of the JFS 01648 needs to be submitted to enter the following Event for this Resource.

Please note: When completing page 3 of the JFS 01648, complete the Agency information and the Resource

information at the top of page 3.

**Event 760: Close
Adoptive Home:**

This Event is entered to document when an Adoptive Home is no longer available for placement.

Event Date:

Enter the date your Agency makes the decision or the date the Adoptive Home notifies your Agency that they are no longer available for placement.

Reason:

Enter the 2-digit code that reflects the reason the Adoptive Home is closed. Please refer to the Micro-FACSYS Code Sheet for the appropriate code

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<input type="checkbox"/> 740 - Approved Application Received		Date ___/___/_____	Type: 01 Special Needs 02 Non-Special Needs		
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"/> 742-Home Study Approved		Date ___/___/_____			
<input type="checkbox"/> 850-Local Educational Agencies		LEA Code _____	Resource County Code _____		
<input type="checkbox"/> 812-Adoptive Parent Family Structure		01 Married Couple 03 Single Female 02 Unmarried Couple 04 Single Male			
<input type="checkbox"/> 814-First Adoptive Parent Demographics		DOB ___/___/_____	Race _____	Ethnicity _____	
<input type="checkbox"/> 818-Second Adoptive Parent Demographics		DOB ___/___/_____	Race _____	Ethnicity _____	
<input type="checkbox"/> 744- Home Study Not Approved		Date ___/___/_____	Reason _____		

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OWN AGENCY ADOPTIVE HOME - RESOURCE 40

Agency Name:		Agent ID: _____
Agency Contact Person:		Phone Number (_____) _____ - _____
Resource Contact Person:		Phone Number (_____) _____ - _____
Resource Name:		Resource ID #: 4 0 _____
Address:		City:
State: _____	Zip Code: _____ - _____	

<input type="checkbox"/> Event 760: Close Adoptive Home	Date ____/____/____	Reason ____
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