



A New Leaf, Inc.

P.O. Box 615
Kingston, Ohio 45644

740.420-0700 (office)
740.420.0800 (fax)

Verification of Experience/Involvement with Children

5101:2-5-20 (L): An agency shall require that each applicant provide the name of any other agency or organization with which the applicant has been previously recommended for certification as a foster caregiver or has provided care and supervision of children as well as a written and signed release of information statement in order that any such reference may be contacted.

A New Leaf Policy, # 02.1, Additional Requirements for a family/treatment/pre-adoptive foster caregiver:

A treatment foster caregiver initially being certified shall meet at least one of the following:

- (1) A minimum of three hundred sixty-five days of caring for a foster child in placement as a certified foster caregiver.
- (2) A minimum of 60 hours of education or training in a classroom setting that relates to children with special or exceptional needs as defined in rule 5101:2-47-18 of the Administrative Code. **The training shall be completed within twenty-four months prior to the date of application.**
- (3) A minimum of five years cumulative experience caring for a child in the home of the foster caregiver or applicant on a daily basis.
- (4) A minimum of one year of cumulative experience caring for a child who has special or exceptional needs as defined in rule 5101:2-47-18 of the Administrative Code in the home of the foster caregiver or applicant on a daily basis.

In accordance with the aforementioned rules:

- ❖ A New Leaf, Inc., upon receipt of the applicants signed authorization of release, shall contact all references and any other agency/organization the applicant has listed on the Application (JFS 1691) and/or below; and
- ❖ A New Leaf, Inc. requires applicants to provide a resume of experience to help determine equivalency of experience if applicant is interesting in becoming certified as a treatment foster caregiver. A New Leaf Licensing Specialist will review resume to ensure compliance with the OAC.

Previous Applications - Certifications

Has either applicant ever applied to become a foster caregiver/respite caregiver with another agency? ☐ YES ☐ NO
If yes, explain here and identify the agency involved (include dates):

Has either applicant ever been certified as a foster caregiver/respite caregiver in this state or any other state? ☐ YES ☐ NO
If yes, explain here and identify the agency involved (include dates):

Has either applicant ever applied or has been certified with an agency to provide child care services? ☐ YES ☐ NO
If yes, explain here and identify the agency involved (include dates):

Has either applicant ever had a certificate, license, or application revoked or withdrawn? ☐ YES ☐ NO
If yes, explain here and identify the agency involved (include dates):

Applicant(s) is/are interested in becoming certified as a: ☐ Treatment Home
☐ Family Foster Home
☐ Pre-Adoptive Infant Home

I/We certify that the information contained on this form is accurate and complete to the best of my/our knowledge. I/We give permission to the agency to contact any references or agency or association for information regarding any work or involvement with the supervision of a child, which I/we have done.

Applicant Name (please print)	Signature	Date
Applicant #1		
Applicant #2		

Applicant #1 Name: _____

Applicant #2 Name: _____

Resume of Experience (if more space is needed, attach additional papers)		
Dates	Agency/Organization/Other	Contact Name
Applicant: #1 or #2	Specific Duties	Contact Phone
Dates	Agency/Organization/Other	Contact Name
Applicant: #1 or #2	Specific Duties	Contact Phone
Dates	Agency/Organization/Other	Contact Name
Applicant: #1 or #2	Specific Duties	Contact Phone
Dates	Agency/Organization/Other	Contact Name
Applicant: #1 or #2	Specific Duties	Contact Phone
<input type="checkbox"/> Applicant #1: NO PREVIOUS EXPERIENCE <input type="checkbox"/> Applicant #2: NO PREVIOUS EXPERIENCE		

Higher Education (if more space is needed, attach additional paper)			
	<i>School/College/University</i>	<i>Major Studies - Degree</i>	<i>Completion Date</i>
Applicant #1:			
Please list Course Title/Description, hours earned, and date of course completion (60 hours required):			
	<i>School/College/University</i>	<i>Major Studies - Degree</i>	<i>Completion Date</i>
Applicant #2:			
Please list Course Title/Description, hours earned, and date of course completion (60 hours required):			

MEETS OAC REQUIREMENTS FOR A TREATMENT FOSTER HOME:

☐ YES

☐ NO

LICENSING SPECIALIST/DATE