

Foster Caregiver Name:
Date Received:
Assessor Assigned:
Date to be completed by:



STATUS CHANGE FORM

Change in Household Occupancy: (If anyone moves into or out of the home. **Must inform agency within 24 hours of change**).

- ✓ Name: _____
- ✓ DOB: ____/____/____
- ✓ SSN: ____-____-____
- ✓ Date moved in: ____/____/____
- ✓ Household member has resided in Ohio over last 5 years. **If no**, please list previous addresses and dates lived in other states:

Change in Marital Status: (must inform agency within 24 hours of change in marital status).

Divorce Separation Marriage

- ✓ If marriage, spouse name: _____
- ✓ DOB: ____/____/____
- ✓ SSN: ____-____-____
- ✓ Spouse has adult children.

If yes, please provide name(s) of children, phone # and addresses so we may contact for reference:

- ✓ Household member has resided in Ohio over last 5 years. **If no**, please list previous addresses and dates lived in other states:

Change in Address: (Must inform agency at least four weeks **PRIOR** to planned move).

- ✓ New Address: _____

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- Change in Usage:** (Change to Child Characteristics or age/number of children able to be placed).
- Bedroom change:** (Added, removed, or changed floor plan).
- Alterations to Household** – (Any renovations to the home).
- Termination of License** – (Written notification to Sojourners of intent to terminate license).
- Change in Licensure Type:** (Family, Treatment, Adoption, Host Home).

Foster Caregiver(s) Signature	Date
Sojourners Representative Signature	Date

For Office Use Only

- BCI/FBI Check Date Received: ____/____/____
- Rap Sheet Date Provided (if applicable): _____ Findings: _____
- JFS 1653 Medical Statement Date Received: ____/____/____
- SACWIS/Central Registry Request (10 days of notification) Date: ____/____/____
- SACWIS/Central Registry Received Date: ____/____/____ Findings: _____
- Pre-Service Completion Date: ____/____/____
- Fire Inspection Completion Date: ____/____/____
- Safety Audit Date (10 Days): ____/____/____
- Adult Child reference completion date(s): ____/____/____, ____/____/____,
____/____/____, ____/____/____
- Release of Information Date Received: ____/____/____
- Previous foster care/adoption agency and/or prior employer where member provided child care date of contact: ____/____/____, ____/____/____

Agency Assessment of Change in Occupancy

Review & Determination (within 30 days after notification): # _____ Age _____ Sex _____

Signature of Sojourners Assessor	Date
Signature of Sojourners Administrator	Date