FOSTER PARENT INSURANCE CLAIM

Name of Foster Parent		Date	
Address			
Telephone	Day		Evening
E-mail			-
Name of Child in Foster Care			
DOB			
Telephone		_	
·	* * * * * * *	 <	
Date of Damage of Loss		Amount \$	
Description of Damage or Loss			
Police Report: No 🗌 Yes	Name of Polic	e Department	
Name of Officer:	Т	Celephone	
Witness: No 🗌 Yes 🗌	Name of Witness Address		
	Telephone		
Be sure to attach other documentation <i>Return this</i> of <i>R</i>	to support this claim. completed form to the R	esource Worker	
Forward this form to:	FOSTER CARE SPE		OFFICE

Instruction for the "Foster Parent Insurance Claim"

PURPOSE:

The "Foster Parent Insurance Claim" is used to submit a claim for loss or damage reimbursement caused by a child in foster care.

INSTRUCTIONS:

Form 1752 is a one-page template completed by a foster parent. The Foster Care Worker provides copies of the form upon request from the foster parent. The completed form is returned to the FC Worker for review, and then it is forwarded to the Foster Care Specialist at State Office.

FORM COMPLETION:

Enter the current date.

Enter your name, address, and telephone numbers.

Enter the name of the child in foster care who caused the loss or damage, his or her date of birth, the date of placement in your home, the name of the CPSW/JSO who placed the child, his or her office location, and telephone number.

Enter the date the damage or loss occurred and the dollar amount of the claim.

Briefly describe the damage or loss.

Check whether the police wrote a report of the incident and enter the name of the department. Check whether a witness can be asked about the incident, and enter his or her name, address, and telephone number.

Documentation may include receipts and insurance claim forms.

Attach additional sheets if necessary.

RETENTION:

The foster parent is to retain a copy of Form 1752 until the claim is paid or finalized. The FC Worker retains copies of the form in the Foster Parent's record.