

FOSTER CARE REVIEW OFFICE
Renewal Application

Per Neb. Rev Stat. §43-1304, "A person employed by the Office, the Department of Health and Human Services, a child-caring agency, a child-placing agency, or a court shall not be appointed to a local board". *This includes persons employed by DHHS in any capacity, as well as a contractor or sub-contractor of the above noted entities.*

Name (PRINT)

Review Specialist's Name

Occupation

Name of Employer

Background / Experience / Profession:

Complete the following ONLY where there has been a change in the last 3 years!

You may have shared a change of information with your Review Specialist during the past 3 years, but list here also.

Home Address

City

ZIP

Home Phone

Cell Phone

Personal Email

Alternative Email or Work Email

Are you a current foster parent? Yes ____ No ____

If yes, with which agency? _____

If no, were you ever a foster parent? Yes ____ No ____

Are you an adoptive parent? Yes ____ No ____

Please indicate any potential conflicts of interest that you might have that the FCRO should be aware of. (Use an additional sheet if more room is needed).

If you have NOT already turned in your training for the past year, please list any training that you have attended in the past 12 months that has benefited you in your role as a local board member. ***Include:*** Date, Topic and Time Spent. *(6 hours of training every 2 years)*

Please list any additional training you would be interested in receiving.

Comments:

Your application and personal information is kept confidential and used only for the purpose of background checks. All documents are kept in a locked file cabinet. Reports regarding the make-up of our local boards contain only aggregate information and no personal information is used.

Neb. Rev. Stat. §43-1304 states: “The members of the local board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed.” *In order for us to comply with statute, please answer the following by circling those that applies to you:*

Family income: \$4,000-10,999 \$11,000-20, 999 \$21,000-39, 999 \$40,000 - above

Race: Caucasian Black Hispanic Indian Asian Other _____

Marital status: _____ **Number of Children** _____

Volunteer Board Member Signature

Date

Please Return To:
Foster Care Review Office
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707 - (402) 471-4420
Fax: 402-471-4437
Email: mary.furnas@nebraska.gov

Received by FCRO - Signature

Date