



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly  
(Applicant's/Employee's Name)  
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence

**CONTINUED ON NEXT PAGE**

Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

#### THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

**CONTINUED ON NEXT PAGE**

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

**Sign Above OR Below, DO NOT Sign Both Lines**

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced: \_\_\_\_\_

Applicant (s): \_\_\_\_\_

Florida Administrative Code 65C-13.025 mandates the following reference checks: personal, employment, physician, school, / day care for each child in the home and adult children. Information on this form will be used to contact your references.

**Personal References (3 individuals not related to you)**

	Reference 1	Reference 2	Reference 3
Name	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Phone Number	_____	_____	_____
Email address	_____	_____	_____

**Please list your employer information. If you have been at your current position less than two years then you must include an additional employer reference.**

	Employer Reference 1	Employer Reference 2 (if needed)
Caregiver 1		
Company Name:	_____	Company Name: _____
Address:	_____	Address: _____
	_____	_____
Phone Number:	_____	Phone Number: _____

**Caregiver 2**

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Caregiver 1 Physician**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

**Caregiver 2 Physician**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Hurricane Preparedness Evacuation Location Sheet

**Foster Home Name:**

### Current Address:

Foster Parent's Name:	
Current Address:	
Current Phone Number:	

### Hurricane Evacuation Plan:

Name of Shelter (local school, relative, etc)	
Address:	
Contact Number During Evacuation:	
Additional Information:	

### Medical Needs:

Does child take any maintenance medication (psychotropic or other)?	
If Yes, please list:	
Is child dependent on medical equipment?	
If yes, please list:	

Foster Parents Evacuation Route

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Fire Drill Date

Initials

Fire Drill Date

Initials

Fire Drill Date

Initials

Fire Drill Date

Initials

Fire Drill Date

Initials

Fire Drill Date

Initials



School Reference or Day Care Reference

Child's Name:

School Name:

Address:

Phone Number:

Phone Number:

Email Address:






# SUBSTITUTE CARE SCHOOL REFERENCE

Date:

TO:

## REGARDING THE FOLLOWING CHILD

Child's Name	Birthdate (m/d/y)
Child's Address	
Name of Child's Father	
Name of Child's Mother	
Name of School Child Attends	

We would appreciate information on this child as requested below for the purpose of evaluating his parents' ability to act as foster parents, as well as the child's ability to adjust and accept the placement of a foster child in the home.

Thank you for your assistance. Please call me if you have any questions.

Signature of Licensing Counselor

Counselor's Telephone Number

Please provide the following information about the child identified above.

GRADE:	ACADEMIC ACHIEVEMENT: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
ATTENDANCE: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	BEHAVIOR IN CLASS: <input type="checkbox"/> Normal <input type="checkbox"/> Too Quiet <input type="checkbox"/> Too Active <input type="checkbox"/> Seriously Disruptive			
PROMPTNESS: <input type="checkbox"/> Good <input type="checkbox"/> Poor	RELATIONSHIP WITH TEACHER: <input type="checkbox"/> Responsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dependent			
HEALTH PROBLEMS NOTED: <input type="checkbox"/> None <input type="checkbox"/> If any, specify:				
APPEARANCE: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Insufficient Clothing <input type="checkbox"/> Cared For <input type="checkbox"/> Uncared For, describe:				
ATTITUDE OF PARENT TOWARD:	CHILD: <input type="checkbox"/> Concerned <input type="checkbox"/> Unconcerned <input type="checkbox"/> Demanding <input type="checkbox"/> Hostile <input type="checkbox"/> Unknown			
	SCHOOL: <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Hostile <input type="checkbox"/> Unknown			

FURTHER COMMENTS (if any):

Signature	Title	Date Signed
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PLEASE RETURN THIS SIGNED AND COMPLETED FORM TO:



## PERSONAL REFERENCE FOR FOSTER CARE PROGRAM

TO:

Regarding the following individuals:

Mr. \_\_\_\_\_

Mrs./Ms. \_\_\_\_\_

(The questions below are about these individuals.)

Date: \_\_\_\_\_

The individuals named in the box above have given you as a personal reference in their application for a foster home license. Please answer the questions below. Please be candid.

The individuals named in the box above have asked the Department of Children and Families to approve them as "foster parents." Foster parents care for children whose own families are unable to care for them. The Department needs the information requested below to evaluate the ability of these individuals to act as foster parents. A child's future adjustment in the home of these individuals depends on the Department's knowing both the strengths and weaknesses of this family. The Department realizes that you may not be able to answer all of these questions.

Thank you for your cooperation. Please call me if you have any questions.

Sincerely,

\_\_\_\_\_  
Signature of Licensing Counselor

\_\_\_\_\_  
Counselor's Telephone Number

Please answer the following questions about the individuals named in the box above. In the following questions, these individuals are called "applicants."

1. How long have you known the applicants?

2. What is your relationship to the applicants?

3. Do you think that the applicants display an attitude of willingness to work with others in approaching a problem? ☐ Yes ☐ No Why? \_\_\_\_\_

4. Would you have any misgivings in placing a member of your own family in the applicants' home for care? ☐ Yes ☐ No Why? \_\_\_\_\_

5. To the best of your knowledge, do the applicants:

a) Live within their income?..... ☐ Yes ☐ No ☐ Don't Know

b) Respect their neighbors' property rights?..... ☐ Yes ☐ No ☐ Don't Know

c) Keep up their own property?..... ☐ Yes ☐ No ☐ Don't Know

d) Disrupt the neighborhood? ..... ☐ Yes ☐ No ☐ Don't Know

6. Describe the applicants' homemaking abilities (cooking, housecleaning, washing, etc):

7. How would you characterize the behavior of the applicants' children with respect to other children and adults?

8. How do you feel the applicants' children would react to a foster child living in their home?

9. Individual Personality: Check all that apply.

	Husband	Wife
Conscientious		
Perfectionist		
Strong-willed		
Sense of humor		
Stubborn		
Shy		
Aggressive		
Diplomatic		
Quiet		
Withdrawn		
Gossipy		

	Husband	Wife
Confident		
Stable		
Thoughtful		
Close-minded		
Opinionated		
Compulsive		
Cheerful		
Prejudiced		
Pessimistic		
Critical		
Neat		

	Husband	Wife
Nervous		
Nagging		
Likeable		
Warm		
Tolerant		
Rigid		
Flexible		
Persistent		
Mature		
Immature		

10. Are the applicants in good health? ☐ Yes ☐ No If not, explain: \_\_\_\_\_

11. Values: Do the applicants place high, medium or low value on the following? Please check.

	High	Medium	Low
Money			
Education			
Personal Property			
Religion			
Social Status			

	High	Medium	Low
Appearance (own)			
Appearance (others)			
Manners			
Achievement			

12. Do you have any additional comments concerning the applicants' suitability to provide foster care?

13. Please comment on the stability of the applicants' marriage?

Signature	Date Signed	Signature	Date Signed

Please return this signed and completed form to: