



## Statement of Understanding

I, \_\_\_\_\_, understand that I am electing to participate in the screening, training, and certification process as a prospective treatment foster parent with The Arc Northern Chesapeake Region. I understand that this process includes ongoing clinical and administrative assessment based on objective and subjective criteria, to determine a goodness of fit. As a part of this process, I understand that The Arc Northern Chesapeake Region will gather information about me from public and private sources including the local Department of Social Services, Child Support Enforcement, Maryland Judiciary Case Search and the Maryland Sex Offender Registry. By signing below I give my consent for The Arc Northern Chesapeake Region to gather such information as may be needed to determine my suitability to perform the duties of a Treatment foster Parent.

I understand that a decision not to proceed with my application can be made by the administrative staff of The Arc's Treatment Foster Care Program at any time during the process. I am aware that completion of the training and certification requirements does not guarantee certification. Furthermore, I understand that certification does not guarantee placement of a child in my home. Finally, I am aware that certification is subject to continual review and can be revoked at the discretion of the administrative staff of The Arc Northern Chesapeake Region. I understand that I may appeal any decision regarding certification in accordance with the Grievance Process which I can view upon request.

Signed:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date