

# Application for the Emergency Placement Care Program For ACS Wiesbaden

## Privacy Act Statement

**Authority:** Title 10, United States Code, Section 3012

**Principal Purpose:** Information is used to identify potential Emergency Placement Care (EPC) providers.

**Routine Uses:** No information is disclosed outside Department of Army.

**Disclosure:** Disclosure of requested information is voluntary; however, if information is not provided, certification of the applicant may be denied.

## Sponsor Information

Name \_\_\_\_\_ SSN \_\_\_\_\_ Rank/Grade \_\_\_\_\_  
(Last, First, MI, Maiden)

APO Address \_\_\_\_\_ APO \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Duty Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Education \_\_\_\_\_ Home of Record \_\_\_\_\_

## Spouse Information

Name \_\_\_\_\_ SSN \_\_\_\_\_ Rank/Grade \_\_\_\_\_  
(Last, First, MI, Maiden)

APO Address \_\_\_\_\_ APO \_\_\_\_\_

Local Residence Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Duty Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Education \_\_\_\_\_ Home of Record \_\_\_\_\_

## Household Members Information

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Application for Emergency Placement Care Program For ACS Wiesbaden

## Financial Information

**Income**

Sponsor Income \_\_\_\_\_

Spouse Income \_\_\_\_\_

Other Income \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

**Expenses**

Rent \_\_\_\_\_

Average Utilities \_\_\_\_\_

Average Telephone \_\_\_\_\_

Loan Payments \_\_\_\_\_

Other Payments \_\_\_\_\_

Total Monthly Expenses \_\_\_\_\_

## Housing Information

No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_

## Previous Marriage Information

Sponsor \_\_\_\_\_ Terminated By \_\_\_\_\_  
(Date) (Divorce, Death, Annulment)

Spouse \_\_\_\_\_ Terminated By \_\_\_\_\_  
(Date) (Divorce, Death, Annulment)

## Medical Information

Please identify any ongoing health concerns involving any member of your household:

## Previous Emergency Placement Care provider Experience Information (if any)

Agency Name	Address	Length of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Application for Emergency Placement Care (EPC) Program For ACS Wiesbaden

## Narrative Information

Please briefly state your reasons for wanting to become Emergency Placement Care Providers:

## Miscellaneous Information

Please identify any past training or experience with children, related to agencies or service organizations (list agency or organization, addresses, dates of service):

## Reference Information

Please give the names and addresses of three persons (other than relatives) who ACS may contact for references. They will be asked to attest to your character, ability and experience. (For military sponsors, at least one should be your Commander; for civilian sponsors, at least one should be your supervisor.)

Full Name _____	Mailing Address _____
Telephone _____	Relationship _____
Full Name _____	Mailing Address _____
Telephone _____	Relationship _____
Full Name _____	Mailing Address _____
Telephone _____	Relationship _____

## Statement of Application

We hereby apply to have our home studied for approval by the Army as a Emergency Placement Care Provider. We understand that our home must meet all standards contained in AR 608-1 and USAREUR Supplement 1 to AR 608-1. We also understand that Army Community Service may contact any or all organizations or individuals listed above to secure information deemed relevant to our application to become Emergency Placement Care Providers.

Sponsor Signature _____	Date _____
Spouse Signature _____	Date _____

**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85; the proponent agency is DCSPER.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_,   
(client's full name)

do hereby voluntarily consent to the release of the following information by \_\_\_\_\_   
(name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, or research to \_\_\_\_\_

\_\_\_\_\_ for the purpose of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ namely,

\_\_\_\_\_   
(extent or nature of information to be disclosed)

\_\_\_\_\_

**SECTION B - EXPIRATION/REVOCAION**

(Check applicable paragraph)

1.  I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2.  I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <small>(Type or print)</small>	SIGNATURE	DATE

**SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION**

**NOTE:** Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_   
(client's name)

in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE <small>(Type or print)</small>		DATE
SIGNATURE		

# Request for Background Investigation For Emergency Placement Care (EPC) Program For ACS Wiesbaden

The individuals named below have applied for certification to be Emergency Placement Care Providers. We request that you review your records and forward any and all relevant information that could disqualify this family in their application to become Emergency Placement Care Providers.

Specific information requested for any member of the household includes, but is not limited to:

- Arrests and dispositions of charges
- Convictions of any offense
- Complaints and the result of the investigation
- Reports of child abuse or neglect and outcome of investigation
- Reports of sponsor's children engaged in unlawful activity and outcome of investigation
- Treatment for individual, marital or family relationship problems, type and outcome of treatment
- Treatment for substance abuse, type of treatment, outcome

## Sponsor Information

Name \_\_\_\_\_ AKA \_\_\_\_\_  
(Last, First, MI, Maiden) (Other Names Known By)

SSN \_\_\_\_\_ Rank/Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

## Spouse Information

Name \_\_\_\_\_ AKA \_\_\_\_\_  
(Last, First, MI, Maiden) (Other Names Known By)

SSN \_\_\_\_\_ Rank/Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

## Other Adult Members of Household

Name \_\_\_\_\_ AKA \_\_\_\_\_  
(Last, First, MI, Maiden) (Other Names Known By)

SSN \_\_\_\_\_ Rank/Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

## Other Family Members

Name \_\_\_\_\_ SSN \_\_\_\_\_ Name \_\_\_\_\_ SSN \_\_\_\_\_

## Response Information

Please address responses to:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## Distribution Information

Military Police      USACIDC      ADAPCP      CRC      Central Registry

## Permission for Release of Information

We hereby agree to the release of information to the Army Community Service Emergency Placement Care Program Coordinator or Family Advocacy Program Manager.

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

# Request for Medical Records Screening For Emergency Placement Care (EPC) Program For ACS Wiesbaden

MEMORANDUM FOR Commander, Medical Treatment Facility

SUBJECT: Request for Medical Records Screening

1. The individuals named below have applied to be certified as Emergency Placement Care providers.
2. It is required that the documentation be provided in the areas listed below as part of the evaluation process prior to certification.
  - All applicants must possess general good physical, mental and emotional health.
  - All applicants must be free of contagious disease.
  - All residents in the applicants' household, including minor children, are required to have negative tuberculin tests.
  - All children in the applicant's family must have current and up-to-date immunization records.
3. Request you review your records to determine if there are any reasons in your professional judgment which would disqualify this sponsor and family in their application to become Emergency Placement Care providers.
4. A physician's signature is required.
5. An authorization to release information is included.

Sponsor Name: \_\_\_\_\_ AKA: \_\_\_\_\_ SSN \_\_\_\_\_ Unit: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ AKA: \_\_\_\_\_ SSN \_\_\_\_\_ Unit: \_\_\_\_\_

Children's Names	DOB
_____	_____
_____	_____
_____	_____
_____	_____

6. Please address responses to:  
USAG Wiesbaden  
ATTENTION: Army community Service / Emergency Placement Care Coordinator  
Unit 29623  
APO AE 09096  
DSN 335-5254 CIV (0611) 408-0254

7. Point of contact for this correspondence is the undersigned at: ACS Family Advocacy Program.

Lois Farmer, MSW  
EPC Coordinator

### PERMISSION FOR THE RELEASE OF INFORMATION

*We hereby agree to the release of information in any and all personal and family medical records to the Wiesbaden Army Community Service Family Advocacy Program Coordinator.*

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Member of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

**Memorandum for Director,  
Engineering and Housing For Emergency Placement Care (EPC) Program For ACS Wiesbaden**

MEMORANDUM FOR: \_\_\_\_\_

Director, Engineering and Housing

\_\_\_\_\_  
Community

\_\_\_\_\_  
APO

SUBJECT: Review of housing assignment

1. \_\_\_\_\_ and family have applied to become Emergency Placement Care Providers as part of the Army Community Service (ACS) Family Advocacy Program in Wiesbaden. This family currently occupies housing at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Their telephone number  
is \_\_\_\_\_

2. It is required that housing for EPC children be safe and adequate, with inspected, adequate wiring, a safe and adequate water supply and waste disposal system, a safe and adequate heating system and sound construction. The housing and its immediate surroundings should be free from any conditions that could be dangerous for children.

3. Request that you review this family's housing assignment to determine if there are any engineering or other housing reasons to deny their application to provide Emergency Placement Care in their home.

4. Please provide specific information about any housing conditions that, in your professional judgment, you consider hazardous and recommend a course of action for correcting any serious deficiencies.

5. Requested date of response is \_\_\_\_\_

6. Point of contact for this correspondence is the undersigned at:

USAG Wiesbaden Army Community Services Family Advocacy Program

\_\_\_\_\_  
Lois Farmer, MSW

/Emergency Placement Care Program Coordinator

# Autobiographical Information For Emergency Placement Care (EPC) Program For ACS Wiesbaden

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Complete as fully as possible, using the reverse side if needed.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last, First, MI, Maiden)

1. List the names of parents, brothers, and sisters. Please also list where each lives and their occupations.

2. Describe your parents or the people who raised you.

3. List all the cities, states, and countries where you have lived, including childhood. Give approximate dates.

4. List your employment history.

5. List your educational background beginning at high school.

6. How did your parents discipline you?

7. What did you like about how your parents raised you?

8. What didn't you like about how your parents raised you?

9. Describe the people and events which have been important to your life.

# Autobiographical Information For Emergency Placement Care (EPC) Program For Wiesbaden

10. What was the happiest period in your life?

11. What was the saddest period in your life?

12. What are your strengths?

13. What are your weaknesses?

14. What makes you happy, content, or satisfied? How do you show that?

15. What makes you angry, depressed, or overstressed? How do you show that?

16. When you are feeling bad, what do you do to make yourself feel better?

17. What do you most enjoy in your leisure time?

18. What hobbies, interests, social, or community activities do you take part in?

19. Describe your spouse's strengths and weaknesses.

# Autobiographical Information For Emergency Placement Care (EPC) Program For Wiesbaden

20. What forms of discipline and guidance do you use with children?

21. Describe your own child(ren). What activities are they involved in?

22. List the children in your family by name, age, school, and grade.

23. What special needs (school, health, or other) have any of your children had or currently have?

24. Who supervises the children in your home when the adult caretakers are gone?

25. Do you belong to or attend an organized church?

26. Describe your religious beliefs and practices.

27. What experiences have you had with people who have handicaps, i.e., mental illness, mental retardation, physical disabilities, or emotional disturbances?

28. Why is the reason you wish to provide Emergency Placement Care in this community?

29. What do you believe your home will provide for the children who need Emergency Placement Care?

# Emergency Placement Care (EPC) Program For ACS Wiesbaden<sup>FH - 16</sup> Provider Agreement

Whereas we, \_\_\_\_\_ and \_\_\_\_\_  
desire to have our home designated a Emergency Placement Care home of the Wiesbaden Military Community, and in consideration of said Community designating our home a emergency placement home under its Emergency Placement Care program, we hereby agree to accept care for children placed in our home upon the recommendation of the Army Community Service (ACS) Family Advocacy Program Manager (FAP) and/or Emergency Placement Care Program (EPC) Coordinator upon the following terms and conditions:

1. We clearly understand that the actual permanent legal custody of children placed in our home for Emergency Placement Care shall remain with the natural or legal parent(s) of the child or local Court and that placement in our home for Emergency Placement Care does not confer upon us any right to permanent custody nor any right to adopt such child. We further understand that any temporary custody granted to us by the parent(s) or Court of a child placed in our home for Emergency Placement Care may be terminated upon 72 hours notice or such lesser period as may be agreed to by the Court, Case Review Committee (CRC) or ACS. In the event that we are notified by a parent(s) that said parent intends to remove a child placed in our home, we will immediately notify ACS in Wiesbaden.
2. We agree to care for and treat children placed in our home as members of our family, without discrimination, bias or preference, and we further agree to carry out any direction of the Emergency Placement Care Program staff for the care of a child placed in our home.
3. We further agree to cooperate fully with the Family Advocacy Program Manager or Emergency Placement Care Program Coordinator in carrying out any plan they may have for a child placed in our home, including but not limited to, a plan to return a child to the natural or legal parent(s) or to transfer a child to another Emergency Placement Care home, adoptive home or home of extended family.
4. We agree to permit representatives of the EPC and others with interests to visit our home and talk with a EPC child we understand that such visits will be planned to meet our convenience in so far as it is possible to do so. We further agree that upon the request of a member of the FAP staff we will bring a EPC child to a jointly arranged location for such interview, or other care or assistance as directed by such staff member or representative.
5. If we find it necessary to request the removal of a EPC child from our home, we agree to give the EPC at ACS Wiesbaden a reasonable time (not less than 72 hours) to make other plans for the care of the child.
6. We agree to participate in such training as is required by the EPC to adequately care for children in our care, and we understand that our failure to establish or maintain the level of skill required for the care of a EPC child may result in the removal of said child from our care. It is understood that the removal of any individual EPC child from our home may or may not result in the removal of other EPC children who reside in our home.
7. We agree that we will not hold the ACS, EPC, U.S. Army, U.S. Government or its representatives responsible in any way for any damages or other disadvantage that results from our participation in this program.

Sponsor Signature _____	Date _____
Spouse Signature _____	Date _____
FAP Manager Signature _____	Date _____
EPC Coordinator Signature _____	Date _____

**MILITARY POLICE RECORD CHECK**  
 (USAREUR Memo, AEAGC-PDP-L, 8 January 2010,  
 Subject: Local Military Police Background Checks in Germany)

1. Control number

The Military Police Record Check is intended to be completed within 72 hours to allow for researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**Privacy Act Statement**

**AUTHORITY:** Title 10 United States Code, Section 3013; 18 USC 921-922; 28 USC 534; DODI 1030.01; AR 190-45; and E.O. 9397.

**PRINCIPAL PURPOSE:** To conduct military police record checks using military police reporting systems. Military police record checks are conducted only for authorized reasons (for example, childcare and youth program providers, access control, unique or special duty assignments, security clearances). Any information released must be restricted to that necessary and relevant to the requester's official purpose.

**ROUTINE USES:** Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; and to any component of the Department of Justice for the purpose of representing the DOD.

**DISCLOSURE:** Voluntary; however, failure to provide the required information may result in the inability of this office to conduct the requested checks.

This data is FOR OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Knowingly and willfully making a false statement on this document may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse effect on you in your goal of employment.

**Section I (To Be Completed By Subject)**

2. Name of subject (Last, first MI)		3. Sex	4. Place of birth
		Male <input type="checkbox"/>	a. City
		Female <input type="checkbox"/>	b. State/ Country
5. Date of birth (YYYYMMDD)	6. Social security/Passport no.	7. Telephone no.	8. E-mail address
9. I hereby consent to the release of all files produced from the records check.		Signature	

**Section II (To Be Completed By Requesting Agency)**

10. Reason for request			
11. Name of requester (Person and agency)	12. Grade	13. E-mail address	14. Signature

**Section III (To Be Completed By Military Police Or Other Agency)**

15. Findings (Derogatory information on record)	
No <input type="checkbox"/>	Results
Yes <input type="checkbox"/>	

This is to certify that the above data is correct and true according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes.

16. Printed name and title	17. Date (YYYYMMDD)	18. Signature