

**FOSTER FAMILY HOME SMALL FAMILY HOME INSURANCE FUND
INCIDENT REPORT -- (THIS IS NOT A CLAIM FORM)**

(Revised 7-2005)

This CONFIDENTIAL report is to be completed by licensed operators of Foster Family Homes and Small Family Homes. Do not give this information or copies of this report to anyone else EXCEPT State officials, persons authorized by the State, or law enforcement officers. This form should be completed whenever a loss occurs that may be covered by the Fund, a claim is made, or a civil lawsuit is served upon a foster parent operating a licensed Foster Family Home and Small Family Home. **PLEASE ATTACH A COPY OF YOUR LICENSE AND ANY PAPERS RELATIVE TO THIS INCIDENT BEFORE RETURNING TO:**

**California Office of Risk and Insurance Management
Attention: Claims Unit
P. O. Box 989052
West Sacramento, CA 95798-9052**

FOSTER PARENT INFORMATION:

Name:
Address:
Telephone:
Please attach a copy of the license/s that were in effect when loss occurred

OTHER INSURANCE: Foster Parent's Homeowners or Tenant Policy (in effect when loss occurred):

Insurance Co.: _____ Policy No. _____
Agent: _____ Telephone: _____
Address: _____

FOSTER CHILD INFORMATION:

Name: _____ Date of Birth: _____
Name of Child Placement Agency: _____
Address: _____
Date child placed in your home: _____ Date child removed: _____
Circle One: When loss occurred, I was the child's:
 foster parent adopted parent
 legal guardian Other, explain: _____

ACCIDENT INFORMATION:

Date: _____
Location: _____
Describe Accident/Incident: _____

Witnesses Name: _____
Address: _____
Telephone: _____

Person completing this report: Name: _____
Telephone _____ Date: _____

AMOUNT CLAIMED FROM THE FUND:
 \$ _____
 See Health and Safety Code Section 1527.4, which discusses the Fund's limitation on liability.

CLAIMANT INFORMATION:
 Name:
 Address:

Relationship to the foster child: (check one)
 _____ Foster Child _____ Guardian _____ Other (explain: _____)
 _____ Natural Parent _____ Guardian ad Litem

SIGNATURE OF CLAIMANT/s:

 DATE: _____

ATTORNEY INFORMATION:
 Name:
 Law Firm:
 Address:

 Telephone:

NOTE: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer...any false or fraudulent claim...or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding \$1,000, or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding \$10,000, or by both such imprisonment and fine." (Penal Code #72).