INCIDENT REPORT FOR FOSTER PROVIDER

To be completed by the Foster Care Provider within 8 hours of incident and sent to Foster Care and clients Social Worker within 24 hours.

1. **This form must** be completed immediately following any accident, injury or hospitalization of a resident in placement.

2. **This form must** be used to report personal or property damage that can result in an insurance claim against the foster care insurance.

3. **This form must** be used when a police report involving a resident has been made.

4. **This form must** be used when a complaint has been filed under the Child Abuse Reporting Act or Vulnerable Adult Act.

5. This form **may** be used to notify the Resident's Social Worker or your Foster Care Social Worker when you feel questions could arise as to the course of action used in handling any incident or situation.

6. This form **may** be used to notify a Resident's Social Worker or Foster Care Social Worker of the following:

A. Assaultive behavior of resident.	D. Resident commits a crime.
B. Beyond control behavior.	E. Neighborhood problems.
C. Resident leaves unexpectedly.	F. Child runs away.

Foster Care Provider:

Resident Involved in Incident: Age: Sex:

Other Persons Involved:

Name:	Address:	Phone:
Name:	Address:	Phone:

Persons Witnessing Incident:

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Nature of Incident:

Date of Incident: Time: AM / PM

Location of Incident:

Action Taken:

(If more space is needed, attach additional pages)

Persons Notified	Name	Date	Time
Parent/Guardian/Relative			
Social Worker/Probation Officer			
Police			
Medical Provider			
School/Day Program			
Other			
Other			

Form Completed by: Date:

Return to:

For Agency Use Only
Referred for Insurance Notification _____ Yes _____ No

Date _____