



SPONSORSHIP PROGRAM



BEREAN CHILDREN'S HOME, INC

SPONSORSHIP PROGRAM

SPONSORSHIP CHECKLIST	280
COVER LETTER	281
SPONSORSHIP APPLICATION	283
SPONSOR CONSENT TO RELEASE	
RECORDS	285
DISCLOSURE-PREPARATION OF A	
BACKGROUND CHECK	286
BACKGROUND CHECK AUTHORITY	
FOR RELEASE OF INFORMATION	287
PERMISSION FOR BACKGROUND SCREENING	288
PRIVACY ACT STATEMENT	289
REQUEST FOR LIVESCAN APPLICATION	290
LETTER OF REFERENCE	291
HOME ENVIRONMENT CHECKLIST	292
SAFETY CHECKLIST FOR ALL CHILDREN	293



BEREAN CHILDREN'S HOME, INC

SPONSORSHIP CHECKLIST

Sponsorship Name(s): _____

Address: _____

Phone Number: _____ Text: YES or NO

Phone Number: _____ Text: YES or NO

Email Address: _____

Sponsorship start Date: _____ Social Security: _____ & _____

Child Sponsor: _____ Approved by: _____

Sponsorship Application Completion Date: _____

(1) Reference Letter: _____ Date Received: _____

(2) Reference Letter: _____ Date Received: _____

(3) Reference Letter: _____ Date Received: _____

(4) Reference Letter: _____ Date Received: _____

	Date Received		Date Received
Local Background Check		Day Visits (8)	
Fingerprinting (CPS Release)		Weekend Visits	
Child Abuse Registry Check		Weekend Visits	
Sex Offender Registry Check		Weekend Visits	
Verified Credentials Check		Out of Town Trips	
Home Study			
On Campus Hours (8)			
Day Visits (8)			

Driver License: ☐ Number: _____ State: _____ Expiration Date: _____

Driver License: ☐ Number: _____ State: _____ Expiration Date: _____

Motor Vehicle Record Check: _____ Expiration Date: _____

Auto Insurance Card: ☐ Expiration Date: _____



BEREAN CHILDREN'S HOME, INC

SPONSORSHIP COVER LETTER

We are so pleased that you are interested in servicing as a sponsor for a child/children at Berean Children's Home. Sponsoring is a great opportunity for you and a child to build an everlasting bond. Therefore, we have requirements that are mandated by our Board of Directors and the Mississippi State Department of Child Protection Services. To apply to serve as a sponsor, please follow the instruction below:

Complete the following forms:

- + Sponsorship Application
- + Letter of Reference (4 letter are required)
- + Background Check Authority for Release of Information
- + Privacy Act Statement
- + Disclosure- preparation of a Background Check
- + Permission for Background Screening
 - ❖ Fifty (50) dollars per screening for household members age 14 years and older
 - ❖ Please write check payment to Berean Children's Home and MDCPS

Fingerprinting must be put in the Memo.

Documents required:

- + Color Copy of all household members Mississippi Drivers Licenses
- + Color Copy of all Household member Social Security Cards
- + Copy of any Education Credentials (Diploma/transcript/CPS & First Aid, etc)
- + Current copy of all Auto Insurance Card
- + Roles and Responsibilities Agreement
- + Confidentiality Agreement

Other requirements:

- + Safe Sleep Education Acknowledgement
- + Home Environment Checklist
- + Safety Checklist for all Children
- + Meeting with Director
- + Acclimation Period



BEREAN CHILDREN'S HOME, INC

Please understand that a sponsorship does not in any way transfer custody or rights of any child to you, the applicant. Our prayer is that all sponsorship grows into a loving relationship with a child that you would like to be part of your forever family. However, Berean Children's Home does not aid in the adoption of children that are placed within our care. Berean Children's Home does not give out legal advice or funds of any kind to help with adoptions. Please sign that you have read and understand the above statement.

Sponsor's Signature: _____ Date _____

Sponsor's Signature: _____ Date: _____

BCH Staff Member: _____ Date: _____

BCH Director: _____ Date: _____



BEREAN CHILDREN'S HOME, INC

SPONSORSHIP APPLICATION

Sponsor Name: _____

Last

First

MI

Maiden

Spouse Name: _____

Last

First

MI

Maiden

Current Address: _____

Cell Phone: (____) _____ Home: (____) _____

Email address: _____

What is the best way and time to contact you? _____

List names and ages of all residents that live in the home.

Name

Age

Training/Dates: (if applicable)

CPR: _____ First Aid: _____ Parenting Skills: _____

Professional Certification or License Held:



BEREAN CHILDREN'S HOME, INC

Previous Training or Experience with Children (describe):

Explain your desire to be a sponsor:

Do you have car insurance (must have to transport child): Y/N

Do you have a valid drivers' license: Y/N

Do you have a bedroom (s) to accommodate an additional child: Y/N

Are you willing to have a home inspection: Y/N

How much time (days, Weekends, holidays, vacations) are you willing to commit as a sponsor:

Any history of arrest: Y/N

If yes, list offense and explain why: _____

****YOU MUST PROVIDE 4 LETTERS OF REFERENCE ON YOUR BEHALF (NO MORE THAN 1 FAMILY MEMBER) ****

Applicant Signature: _____ Date: _____



BEREAN CHILDREN'S HOME, INC

SPONSORS CONSENT TO RELEASE RECORDS

Driver Name (print):

Driver License Number:

Driver DOB: ____/____/____

By signing below, I voluntarily give consent to release the Motor Vehicle Record, including personal information within my driver license file, to the Berean Children's Home, Inc. I authorize the release of this information to assist in determining my qualifications and fitness to drive the Children in the care of Berean Children's Home. I understand that this information will be used only for services related to the Berean Children's Home and will not be used for any other purposes.

Signature: _____ **Date:** _____

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Driver License. I understand that this information must be kept confidential with my agency.

Signature of witness: _____ **Date:** _____



BEREAN CHILDREN'S HOME

A FAMILY WITH A HEART

DISCLOSURE- PREPARATION OF A BACKGROUND CHECK

To process your application with **Berean Children's Home, Inc.**, an investigative background check may be conducted by **Verified Credentials, Inc.** In accordance with the U.S. Fair Credit Reporting Act 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics and mode of living. Information may include, but it is not limited to: employment history, education, criminal records, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed, may your current employer be contacted: ☐ Yes ☐ No

I request a copy of the report ☐ Yes ☐ No

Please read the following and, if acceptable, authorize us to order an investigative report to be prepared by **Verified Credentials, Inc.**

AUTHORIZATION- TO PREPARE BACKGROUND CHECK

I authorize the appropriate individuals, companies, institutions, or agencies to release information requested for the preparation of a background check on me and to respond to all inquiries necessary for the same.

Legal Last Name	Legal First Name	Legal Middle Name
-----------------	------------------	-------------------

Street Address

City	State	Zip Code
------	-------	----------

Please list any additional addresses where you have lived, worked, and attended schools in during the past 7 years:

City and State	City and State	City and State
----------------	----------------	----------------

Other Name(s) Used and Date(s) Changed: _____

Driver License Number	State Issued	Exp Date	Date of Birth
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I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE-NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHTOUT MY EMPLOYMENT.

Signature	Social Security Number	Date
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BEREAN CHILDREN'S HOME

A FAMILY WITH A HEART

Sponsors Background check authority for Release of Information

Full Legal Name (print): _____

Social Security Number: _____

Date of Birth: _____ Race: _____ Sex: _____

Home Address: _____

Phone Number: _____

I respectfully request and authorize the release to the Berean Children's Home, Inc. from any law enforcement agency; federal, or state agency, governing authority, municipality and/or county; private employer or business entity; bank or financial institution; college or educational institution; professional or occupational association; or any individual who may have personal or professional knowledge of my professional, business, educational, or other activities, of any and all information concerning any criminal, occupational, academic, or military record, and of any non-criminal, financial, academic or other information that might assist in determining my qualifications and fitness for the person I am seeking or to which I have been appointed with the Berean Children's Home, Inc. I hereby release the furnishing organization or individual from any liability for the release of the information requested above.

Applicant's Signature: _____

Date: _____

TO BE FILLED OUT BY THE REPORTING AGENCY OR AUTHORITY

Arrest record found as an adult? Yes: _____ No: _____

Drug related arrest or conviction found within the last five (5) years?

Yes: _____ No: _____

Remarks:

Signature: _____

Date: _____

Title/Position: _____



PERMISSION FOR BACKGROUND SCREENING Revised 12.20.22

I give the Mississippi Department of Child Protection Services permission to conduct a background screening with local law enforcement, State and Federal (FBI) criminal history databases, Child Abuse and Neglect Central Registry, Sex Offender Registry, previous employers, references, internet, social media, MDCPS' electronic case management data system(s), and Mississippi Department of Public Safety (for validation of my past three (3) years driving record) to determine my suitability in working with or assuming care of children/clients. I further give MDCPS permission to conduct out-of-state Child Abuse and Neglect Central Registry screenings in states where I resided for the past five (5) years. I understand that the permission is part of my application and will be used only regarding this application and/or employment as a (n):

<input type="checkbox"/> Potential New Hire/Employee	<input type="checkbox"/> Minor in Household	
<input type="checkbox"/> Intern	<input type="checkbox"/> Household Member of a Resource Parent (14 and older)	
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> or any other involvement working with, assuming care of, and/or transporting children/client(s)

Full Legal Name _____	Date of Birth _____
Maiden Name _____	Aliases & Other Names _____
SS No. _____	Driver's License No. _____ Issuing State _____
Address _____	City _____ State _____ Zip _____
Mailing Address _____	City _____ State _____ Zip _____
Telephone No. _____	

List all addresses/dates of residence for places I resided in the past five (5) years (if applicable).

Address _____	City _____ State _____ Zip _____
Address _____	City _____ State _____ Zip _____
Address _____	City _____ State _____ Zip _____

By signing below, I give Mississippi Department of Child Protection Services permission to conduct any of the above-mentioned background screenings. My signature acknowledges that the results of any of the above may have an impact on the MDCPS' decisions regarding employment/application status. I acknowledge the Criminal History obtained is protected from unauthorized disclosure or use and I have the right to challenge or correct any criminal history found that may be in error per Title 28, Code of Federal Regulations (CFR), Section 50.12.

Applicant Signature _____ Date _____

Parent Signature (if applicant is a Minor) _____ Date _____

Requested By _____ Email _____

Findings are to be completed by law enforcement/background screening departments/agencies/registry personnel. Add additional pages if additional space is needed.

☐ No Information Found ☐ The following information was found:

Law Enforcement Agency Name _____ Signature _____ Date _____
Screening Completed By _____

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Applicant Signature _____

Date _____

Parent Signature (if applicant is a Minor) _____

Date _____

MDCPS REQUEST FOR LIVESCAN SERVICE APPLICATION

Service Area: _____		Date/Time Fingerprinted: _____	
MDCPS USE ONLY ORI: <u>MS920020Z</u> <u>43-15-6 VOL/APP</u> Reason for Application: _____		Type of MDCPS Application: (select all that apply) <input type="checkbox"/> Employee <input type="checkbox"/> PHN <input type="checkbox"/> INTERN <input type="checkbox"/> Volunteer <input type="checkbox"/> ICPC <input type="checkbox"/> Resource Home <input type="checkbox"/> Adoption <input type="checkbox"/> Youth in Resource Home <input type="checkbox"/> Relative Resource Home <input type="checkbox"/> Respite Care <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Contracted Provider* <input type="checkbox"/> OTHER (specify) _____	
CONTRACTED PROVIDER USE ONLY. *** (COMPLETE ONLY IF CONTRACTED PROVIDER SELECTED ABOVE)*** Provider Name: _____ Have you ever been licensed as a resource home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with whom and when? _____ Type of Provider Application: (select all that apply) <input type="checkbox"/> Employee <input type="checkbox"/> PHN <input type="checkbox"/> INTERN <input type="checkbox"/> Volunteer <input type="checkbox"/> Relative Resource Home <input type="checkbox"/> Resource Home <input type="checkbox"/> Adoption <input type="checkbox"/> Youth in Resource Home <input type="checkbox"/> NH <input type="checkbox"/> Respite Care <input type="checkbox"/> Child Care Provider <input type="checkbox"/> OTHER (specify) _____ Reason for Application: _____ Office/Location: _____			
Agency Address Set Contributing Agency: MDCPS Agency authorized to receive criminal history information: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> _____ Physical Address (street number/name) AND P.O. Box (if applies) _____ City State Zip Code </div> <div style="width: 35%;"> _____ County Name/Code _____ Contact Name (Live Scan Operator) _____ Contact Telephone Number </div> </div>			
Name of Applicant: _____ (PLEASE PRINT) LAST FIRST SSN: _____ Date of Birth: _____ Height: _____ Weight: _____ DL/ID. #: _____ Eye Color: _____ Hair Color: _____ Place of Birth: _____ Address: _____ Street or P.O. Box City State Zip Code Phone: _____ Email: _____ Home number Mobile or Alternative Number Employer Name/Address: (street, P.O. Box, City, State, Zip) _____ States in which you have lived: _____ Occupation: _____ Contact Person: _____ Contact's Phone #: _____ Worker/Supervisor			
Employer: MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES 750 North State Street Jackson, MS 39202 601-359-4368			
LiveScan Completed By: _____ Date: _____ Transmitting Agency: MDCPS			
MDCPS ADMINISTRATION UNIT ONLY Amount Collected/Check #: _____ Copied: <input type="checkbox"/> YES <input type="checkbox"/> NO Received By: _____ Money Order, Business Check or Cashier's Check (no personal checks or cash) Method of Payment: _____ Date Received: _____			





BEREAN CHILDREN'S HOME

A FAMILY WITH A HEART

Letter of Reference

The Mississippi Department of Human Services Division of Family and Children's Services requires Berean Children's Home to maintain letters of reference on all employees, volunteers and sponsors who have direct contact with the children in our care.

_____ is (are) requesting that you serve as a reference. Would you please answer the following questions to the best of your ability?

Your name: _____

Address: _____

Daytime Phone Number: _____

How long have you known this person (Couple)? _____

In what capacity? _____

Would you please make a statement concerning the character of this person (couple), especially their integrity, ability, and enthusiasm for working with children and youth?

Signature

Date

Please mail, fax, or email to:

Berean Children's Home, Inc.

1180 Berean Trail SE

Bogue Chitto, 39629

Fax: 601.823.5997

Email: Bereanchildrenshome@gmail.com



BEREAN CHILDREN'S HOME, INC HOME ENVIRONMENT CHECKLIST

The Berean Children's Home requires a home study to be completed with those interested in sponsoring a child BEFORE the child is allowed to stay overnight in sponsors home. If the sponsor's residence changes, a new home study must be completed.

Form. DFCS 522

Revised 5/22/16-Final Effective 6/23/16

Worker: _____

Parent or Caretaker: _____

Date of Visit: _____

- working smoke detector(s) for all levels (Test)
- Fire extinguisher for all levels (Min. 5 lbs.), readily visible and operable
- Protective covers for outlets (for children under the age of 6)
- Protective railings and access ladder for all stacked bunk beds
- Safeguards for swimming pools and other bodies of water
- Gun safety requirements
- Fireplace screens or other stoves/open-faced heaters adequately guarded
- Electricity
- No exposed wiring
- Heating/Cooling with proper ventilation
- Telephone
- Reliable Transportation °Valid driver's license °Proof of insurance
- Continuous supply of clean drinking water
- Functional sewage system
- Adequate bed space for all household members
- written emergency and evacuation plan
- Clear access to exits (doors, hallways, and stairs)
- Retractable ladder for second story window
- Operable stove, refrigerator, and oven
- Kitchen: safe and sanitary with running hot and cold water
- Bathroom: flushing toilet, wash basin, bathtub/shower(all in working order)
- operable doors, windows, steps (latch, safety locks, guard rails, window screens, etc.)
- Bedroom with:
 - Safe (age-appropriate) sleeping arrangement ***If a child under 18 months is in or is being placed in the home, the SAFE SLEEP Education Acknowledgement Form must be completed.**
 - °Door that can be opened and closed
 - °Finished flooring
 - °Access to bathroom without going through another bedroom
 - °Adequate storage space for personal belongings no more than four (4) children in bedroom



BEREAN CHILDREN'S HOME, INC

SAFETY CHECKLIST FOR ALL CHILDREN

Yes, No, N/A

POISONS

- _____ 1. Are dangerous/poisonous items kept out child's reach? (i.e. Medicines, lighters, matches, dye, bleach, poisons, cleansers, mothballs, motor oil, antifreeze)

FIRE HAZARDS

- _____ 2. Are utilities obtained legally?
- _____ 3. If electricity/gas are off, is the means of heating and lighting safe? (i.e. candles should not be near curtains, no open flames)
- _____ 4. If heating with fireplace; wood heaters, etc. is there a protective barrier between the heater and the child? (i.e. gate, screen guard, etc.?)
- _____ 5. Is there a safe place for the child to be while the parent is cooking or unable to give the child their full attention? (i.e. playpen, crib, high chair)
- _____ 6. Are electrical cords/plugs in good condition? (i.e. no loose wires coming out of the wall)
- _____ 7. Are electrical outlet covers on all plugs not in use?
- _____ 8. Is there a fire extinguisher in the home in working condition?
- _____ 9. Is there a working smoke alarm in the home? (Test it)
- _____ 10. Is the temperature of the hot water heater between 120 and 130 degrees Fahrenheit?

DROWNING HAZARDS

- _____ 11. Is there constant supervision while the child is bathing or near water?
- _____ 12. Are toilet seats kept clean and do sinks and tubs drain properly to prevent unwanted collections of water? (Child can drown in less than 2 inches of water)
- _____ 13. If mop buckets are used in the home, are they emptied and stored away after uses?
- _____ 14. If home has a pool, is the pool properly safe guarded with a fence and life saving devices?

FIREARM HAZARDS

- _____ 15. If guns are in the home, are they locked away from children?
- _____ 16. Is ammunition kept in separate place from the firearms and is it locked away or out of child's reach?



BEREAN CHILDREN'S HOME, INC

SAFETY CHECKLIST FOR ALL CHILDREN

CAR SAFETY

_____ 17. Does the child have a car seat? (A child should use a safety seat at least until the age of five and if a child weighs more than 20 lbs., he/she should face forward in the automobile.)

GENERAL SAFETY

- _____ 18. Does the child have a safe and secure sleeping space? (Children can suffocate when sleeping with adults; they have fallen off adult beds and sofas and have become lodged between the wall and the bed.)
- _____ 19. Is the home free of rat or roach infestation? (Both carry disease which can be harmful to adults and children.)
- _____ 20. Are kitchen knives stored out of children's reach?
- _____ 21. Is there a caretaker available to provide supervision if the parent must leave the home for any amount of time? (Children should not be left without proper adult supervision.)
- _____ 22. Is the inside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, etc.)
- _____ 23. Is the outside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, glass, exposed rusty nails, tall grass and weeds, car parts, etc.)

Social Worker

Parent or Caretaker

This checklist should be discussed with the parent or caretaker of all children during all investigations. It should be signed by the social worker and the parent or caretaker. A copy of the form should be left with the parent or caretaker.