

**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).