

# RESOURCE FAMILY REPORT OF DAMAGED/STOLEN PROPERTY OR PERSONAL INJURY

**Per 7 AAC 53.110 and CPS policy 6.2.2.9**

**Reimbursements for damage/loss will be considered under the following conditions:**

1. The loss exceeded that which a parent might encounter in caring for a child not in foster care;
2. The loss was not provoked by the actions or statements of the resource family;
3. The incident resulting in financial loss was reported to OCS by the resource family within 72 hours. If the loss was caused by theft, criminal mischief or other criminal conduct, it must have been reported to the law enforcement agency having jurisdiction;
4. The resource family has submitted a completed Resource Family Report of Stolen/Damaged Property or Personal Injury (06-9440), within a reasonable period following the damage or loss; and
5. Adequate PS Specialist action has been taken to have the child assume responsibility for their actions. The PS Specialist may assist in facilitating restitution to be paid by the child in lieu of payment by OCS. That facilitation may include an agreement with law enforcement, the courts, or the Division of Juvenile Justice.

Resource Parent(s) Name:

Date:

Address:

Phone Number:

Email:

Location of Incident:

Date of the incident or date the item was noticed as stolen/damaged:

Foster child responsible for the damage/injury:

**Please list the items that were stolen or damaged**

Item Name:

Brand & Model Number:

Date Purchased:

Cost of Item:

Did you notify your homeowner's insurance company? Yes  No

Is the item/injury covered under your insurance? Yes  No

How much of your insurance deductible was used as a result of this incident (OCS may reimburse for deductible):

Did you notify law enforcement? Yes  No

Name of law enforcement:

Date law enforcement was notified:

Who did you notify at OCS:

Date OCS was notified:

Please describe the details of the damage, loss, or injury:

What supervision and precautions were taken before and during the incident to prevent damage, loss, or injury:

**Who else has information about the incident:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I hereby certify that, to the best of my knowledge and belief, the above statements are true and correct.**

Resource Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resource Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to the OCS Service Array Unit**

**Fax:** (907) 465-3397 **Email:** [hss.ocsservicearray@alaska.gov](mailto:hss.ocsservicearray@alaska.gov)

**Address:** OCS

Attn: Service Array Unit

P.O. Box 110630 Juneau, AK 99801

**Questions? Contact the OCS Service Array Unit at 1-855-603-8637**