

Republic of Uganda
Form 3.
Prospective Foster Parent Record.
Forster Care Placements.
The Children Act

Rules 6, 16.

Name of prospective foster parent(s)
Date of birth Age
District of origin Religion.....
Occupation
Marital status of prospective foster parents(s)
Date of marriage
Is the relationship monogamous or polygamous?
Home address
LC1

Village

Parish

Subcounty

County

Details of other people living in the home:

Name Relationship to prospective foster parent _____

Is there or has there been any serious illness/infection in the family? (If any, give details)

State the income and wealth of the prospective foster parents Give details of businesses and land owned by the family/pen _____

Description of the home

Number of rooms _____ Type of toilet _____

Type of water supply ^^^^^^^^^^^^^ _____

Will the family/person need material support in order to start fostering? (If the answer is “yes”, state what will be needed.)

Why does this family/person wish to foster children?

Do they understand the temporary nature of fostering?

Has the person/any member of the family had a serious conviction? (If yes, give details and dates and state whether in your opinion it is of such seriousness as to prevent the family/person from taking on a foster placement.) _____

Assessment of the suitability of that family/person to foster children

Recommendation

What type of foster child would best benefit from this family/person? (baby, child, male, female, etc.)

Details of foster child(ren) already placed with foster parents _____

Name _____ Sex _____

Date of placement _____ Age at date of placement _____

Details of parents and siblings of foster children (if known) _____

Name of foster child _____ Names of parents _____

Names of brothers/sisters of foster child _____

Sex _____

Name of supervising officer _____

Signature _____

Address _____

Date _____

Republic of Uganda
Form 1
Application to Foster A Child
Foster Care Placements
The Children Act

Rule 4

Name of applicant: _____ Married/single: _____

Age: _____

Address: _____

Tel. No. _____

Number of children: _____

Age(s) of children: _____

Employment of applicant: _____

Employment of husband: _____

Employment of wife : _ _____

Other sources of income (e.g. farm)

Have you ever fostered a child/children before? (If so, give particulars)

Reasons to foster:

Are you willing to undertake short-term fostering?

Names of two referees and their addresses (one shall be your local LC 1 chairperson or village chief)

1. _____

2. _____

Age range Sex of child you wish to foster : _____

Applicant's signature: _____

Date: _____

Republic of Uganda
Form 2
Form of Undertaking
Foster Care Placements
The Children Act

Rule 9.

I/We (names of foster parents)

Who received(name of child)
into my/our home on (date)
from(name of district probation and social welfare office)
undertake that—

1. I/We will care for (name of child) as though he/she were my/our own child.
2. I/We will bring him/her up in accordance with the..... religion.
3. I/We will look after his/her health and allow him/her to be medically examined as required by the district probation and social welfare office
4. I/We will allow an officer of the district probation and social welfare office or representative of the Ministry to visit my/our home and to see the child at any time
5. I/We will inform the district probation and social welfare office immediately if the child is seriously ill, or is missing, or is involved in an accident, or is in any kind of trouble.
6. I/We will inform the district probation and social welfare office immediately if I/we plan to change residence and address.
7. I/We understand that an officer of the district probation and social welfare office has the right to remove the child from my/our home in certain circumstances.

Signed, foster father Signed, foster mother

Address of foster parent.....

Certificate.

I,, (title)
certify that I have explained the foregoing undertaking in the
language to

and

foster parent(s).

District Probation and Social Witness Welfare Officer

Address of District Probation :.....

Address of witnessand

Social Welfare Office:.....

Date:/...../ 20.....

Republic of Uganda
Form 4.
Foster Child Case Record.
Foster Care Placements.
The Children Act

Rule 16

Name of child (surname first)

Date of birth Age

District of origin

Sex Religion

Names of foster parents

Foster parent's home address

LC 1

Village

Parish

Sub County

County

Natural father's name Alive/dead/unknown

Natural mother's name Alive/dead/unknown

Natural father or guardian's address

LC 1

Village

Parish

Subcounty

County

Details of foster child's brothers, sisters and relatives

Names Addresses

Where was the child living immediately prior to this foster placement? (Please give names and addresses of carers or institution).

Case history of the child and his/her family

State what efforts have been made to trace the parents or relatives and to return the child to his/her family.

Details of medical history, including immunisation

Details of education- School Class

Name of supervising officer

Address

Supervisor's signature

Date