

Foster Caregiver Third Party Liability Claim

CLAIM NUMBER

Total Amount of Claim: \$ _____

Filed by: **Licensed Foster Parent** **Licensed Kinship** **Respite Provider**

Use this form to request reimbursement for damages to property owned by a third party (neighbor, visitor to the home, someone other than the foster caregiver) and/or a third party emergency medical treatment that the foster caregiver is responsible for because of an unintentional act of either the foster caregiver or a child experiencing foster care who is placed in the home.

Example: A child experiencing foster care is placed in a licensed foster home and while playing catch with the foster caregiver they accidentally threw a baseball through the neighbors' window. This is payable under this program because the item was owned by a third party, the damage was caused by the foster caregiver or the child experiencing foster care, and the foster caregiver is responsible for replacing the window.

I. Foster Caregiver Information

NAME	PROVIDER NUMBER	PHONE NUMBER
MAILING ADDRESS	CITY	STATE ZIP CODE

II. Child(ren) experiencing foster care who caused damage or emergency medical expenses

NAME	BIRTHDATE	CASE NUMBER

III. Third Party Information

NAME	PHONE NUMBER	MINOR NAME <input type="checkbox"/> NA
MAILING ADDRESS	CITY	STATE ZIP CODE

IV. Witness

NAME	PHONE NUMBER	EMAIL
SIGNATURE		DATE

V. Occurrence Information

Provide photos & receipts	ITEM 1	ITEM 2	ITEM 3	ITEM 4
<u>Date the damage occurred:</u>				
Item or Injury (TV, broken leg)				
Cleaning cost				
Repair cost				
Comparable replacement cost				
Medical cost				
Legal defense cost				

VI. Insurance Information

Will any of the item(s) listed above be paid by a homeowner's, medical, dental, worker's compensation, or other private insurance? Yes

Out-of-pocket expenses: \$	Insurance Company	Policy Number	<input type="checkbox"/> NA
-------------------------------	-------------------	---------------	-----------------------------

VII. Court Case Information

Name and location of the courthouse	Docket Number	Date Filed	<input type="checkbox"/> NA
-------------------------------------	---------------	------------	-----------------------------

VIII. Narrative

Describe specifically what happened to cause the loss, damage, or injury. Include what supervision was being provided.

I certify or declare, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

FOSTER CAREGIVER'S SIGNATURE	DATE
------------------------------	------

TO BE COMPLETED BY THE ASSIGNED DCYF CASEWORKER

I reviewed the claim for accuracy, completeness, timeliness, support documents, and signature.

I agree I do not agree with payment of this claim.

Reasons you do not agree or additional information regarding this claim:

CASEWORKER'S NAME	FIELD OFFICE	REGION
-------------------	--------------	--------

SIGNATURE	DATE
-----------	------

SEND ALL COMPLETED CLAIMS TO DCYF CAREGIVER CLAIMS AT dcyf.caregiverclaims@dcyf.wa.gov.

Foster Caregiver Third Party Liability Claim Instructions

TO BE COMPLETED BY THE FOSTER CAREGIVER

Please enter the total amount of the costs entered in section IV. Occurrence information in the top right box titled "Total Amount of Claim."

Select the appropriate foster home type.

Under section I. Enter the name, provider number, phone number, and mailing address of the foster home.

Under section II. Enter the name, date of birth, and case number of the child experiencing foster care.

Under section III. Enter the name and contact information for the third party who incurred the loss. If the third party was a minor, enter the information for an adult in the minor's household and include the minor's full name or select NA if the third party was not a minor.

Under section IV. Enter the full name and contact information for a witness to the occurrence (if available), and have them sign & date.

Under section V. Enter the information for up to four (4) items.

For each item provide the date of occurrence, state the specific loss, and enter the cost under the appropriate section.

For Cleaning Costs:

For items that can be cleaned, enter cost and provide a detailed estimate, invoice, or paid receipt from a vendor.

For Repairs:

For property damage that cannot be cleaned, enter the cost and provide an estimate, invoice, or a paid receipt from a vendor. If the foster caregiver decides to complete the repair on their own, provide an estimate or receipt for materials only.

**Labor costs are not paid when a foster caregiver does their own work, the program will pay for the cost of materials only.*

For Replacements:

For property damage that cannot be cleaned or repaired, enter the cost and provide an estimate or receipt for a comparable replacement (similar model, brand, features, and quality). Estimates can be from a service provider, in-store, or online vendor.

**Please provide original purchase receipt if available.*

For Medical Costs:

For emergency medical, dental, and vision bodily injury (broken leg, etc.), provide the medical bill and insurance statement. For emergency medical, dental, and vision items (prosthetic, braces, eyeglasses, etc.), provide the medical bill, insurance statement, and an estimate or receipt for a comparable replacement.

**Only the initial emergency visit and medical item are covered. Follow-up visits are not covered.*

For Legal Defense Costs:

For legal defense cost provide a detailed statement from a law office.

Other Situations:

Provide a copy of any Incident Reports, letters, or emails about the occurrence. For property damage relating to theft, vandalism, and fire, provide a copy of the police or fire department report and any follow-up investigation findings.

*****Remember to include a photo of the damage and cost documentation (estimate, receipt, invoice) for each item*****

Under section VI. Check "Yes" if another insurance policy is available and enter the out-of-pocket expenses, company, and policy number OR check "NA" if no other insurance is available for this claim. The program can pay the deductible and out-of-pocket costs for covered items.

**Reimbursement is limited to costs not payable under any privately held insurance or disability benefits law.*

Under section VII. Enter the relevant court case information and provide a copy of the summons, petition, and any motions entered.

Under section VIII. Describe what happened in detail, include what supervision was being provided and an explanation if photos are not available.

Sign, date, and send the claim, photos, estimates/receipts, and any other supporting documents to the assigned DCYF caseworker.

TO BE COMPLETED BY THE ASSIGNED DCYF CASEWORKER

Ensure the current and correct form is used, found on the [DCYF Forms website](#).

Return the claim to the foster caregiver if an outdated claim form was received, if all the requested information is not provided, if all the required documents were not attached to the claim, or if the claim form was not signed and dated by the foster caregiver.

Attest that you reviewed the claim for accuracy, completeness, timeliness, support documents, and signature.

Select whether you agree or do not agree with payment of this claim.

Enter a statement indicating why you disagree with the claim (if applicable), if the child experiencing foster care was likely to have caused the damage, if you have seen the damaged item personally, and any other relevant information regarding this claim.

Print your name, field office, region, then sign and date.

Attach the claim form, photos, estimates and/or receipts, and any other supporting documents to an email and send to DCYF Caregiver Claims at dcyf_caregiverclaims@dcyf.wa.gov.

This program is governed by [RCW 74.14B.080](#) and [WAC 110-50-0900 to 110-50-0970](#)

****This instruction page can be but does not have to be submitted with the claim, it is provided for informational purposes only.****