



FINANCIAL INCIDENT REPORT for Child Placement Agencies and Residential Child Care Providers

Name of Agency: _____

I attest that the information given below is true and accurate. I understand that the failure to provide notice of the following financial issues could result in (a) a corrective action plan; (b) suspension of placements; (c) removal of placements, if applicable; or (d) a revocation of licensure, if applicable.

(Executive Director's Signature) Date: _____

(Program Administrator's Signature) Date: _____

In the last 6 months, between _____ (month/year) and _____ (month/year), has the above-named agency experienced any of the following financial issues?

Table with 3 columns: Financial Issue, Yes, No. Rows include: Example Only: Bankruptcy filing, Bankruptcy filings, Tax liens, Receipt of a going concern, Receipt of a liability offset notice, Receipt of a cancellation notice, Payroll, Lease or rent payments, Any other adverse financial issues.

If you responded "YES" to any of the above, please attach relevant documentation (e.g., tax lien notice). Also attach any plans the agency has to remediate any issues identified through this form.

Note: DHR expects all agencies licensed by or under contract with DHR to report bankruptcy filings to the Office of Licensing and Monitoring or the Social Services Administration Contracts Unit within 24 hours of the filing. All agencies must also report the presence or absence of a bankruptcy filing in this periodic report.