

FOSTER FAMILY HOME AND SMALL FAMILY HOME INSURANCE FUND  
CLAIM FORM

Please return the completed form to:

State of California  
Office of Risk and Insurance Management  
707 Third Street, First Floor  
West Sacramento, CA 95605

Prepare a separate Claim Form for each accident and for each foster child making a claim. You may attach additional pages if more space is needed for any item.

FOSTER CHILD INFORMATION:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child Placement Agency \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

FOSTER PARENT INFORMATION:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

ACCIDENT INFORMATION:

Date of Accident \_\_\_\_\_

Location \_\_\_\_\_

Describe the accident

Describe the foster child's injuries (attach supporting information)

Alleged acts or omissions of the foster parents causing the accident

WITNESS INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

COMMENTS

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

Natural Parent

Guardian

Guardian ad Litem

Other (explain) \_\_\_\_\_

SIGNATURE OF CLAIMANT/s:

\_\_\_\_\_

\_\_\_\_\_

(Date)

(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 one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine." (Penal Code §72.)