**INSTRUCTIONS:** The licensing worker will complete this form with foster parent applicants who have firearms or other weapons in their home. The form is to be used to facilitate the development of a Safety Plan, which will be documented on page two (2) to this form. For additional information, see policy 12.32 Physical Environment.

Name(s) of applicant(s)	Date (month, day, year)	
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GENERAL ACKNOWLEDGEMENTS		
Please initial that you understand and agree to abide by the following regulations regarding firearms and other weapons in foster homes.		
In accordance with 465 IAC 2-1.5-10 Physical facilities of the foster family home; safety; general (c) Firearms and other weapons:		
(1) Foster parents shall be in compliance with state and local laws with regard to firearms.		
(2) Firearms, including BB guns and air guns, shall be unloaded and locked up in the foster family home to prevent unauthorized use. Ammunition and projectiles, such as arrows, or other items which can be used to make a weapon operable, shall be locked separately from the weapon.		
(3) Foster children shall not be given access to firearms or other weapons unless approved educational or recreational purposes.	d in writing by the department for	
In addition to the above regulations, it is recommended as an additional safety precaution that foster parents store the keys for the gun and the ammunition in a different area (unknown to the children) from where you store household keys.		
Please initial that you understand the following:		
I understand that when carrying a firearm, even as a law enforcement officer, I must abide b	by the above regulations	
regarding firearms safety and preventing access to children.		
I understand that when I am traveling in a vehicle with foster children, I will be expected to s vehicle's locked trunk, locked glove box, or other lock box (not applicable to law enforcements)		
An approved Safety Plan may include any or all the following recommendations:  Ensure safety mechanisms are enabled at all times when carrying in the presence of children.  Utilize a holster that properly secures the firearm.  Completion of a firearms safety training class.		

FIREARM SAFETY PLAN	
Signature(s) of applicant(s)	Date (month, day, year)
Printed name(s) of applicant(s)	
Signature of licensing worker	Date (month, day, year)
Printed name of licensing worker	
Signature of licensing supervisor	Date (month, day, year)
orginature or incertainty supervisor	Date (month, day, year)