



UNITED FOSTER PARENTS OF CANADA CORPORATION
(UFPCC)

APPLICATION FOR ACTIVE MEMBERSHIP
CAS FOSTER PARENTS (MONTHLY DUES)

C.A.S Agency: _____
(Please complete all shaded areas)

1. I/we understand that as an Active Member of UFPCC, I/we are entitled to all Active Membership benefits offered by UFPCC, including the right to receive notice of, to attend, and to vote at all meetings of the Members of UFPCC. I/we will have one vote each at each meeting.
2. I/we understand that UFPCC purchases Legal Expense Insurance on behalf of Insured Persons (see definition on Page 2) to retain and pay the ongoing fees of legal counsel in connection with investigations or charges that arise as a result of the Insured Person's involvement with fostered children, up to the allowable maximum.
3. I/we agree:
 - a. To pay a membership fee of \$0.45 (HST Included) per day per child (or such other fee amount set by the UFPCC board of directors). Only one membership fee will be required to be paid by my/our household. I/we understand that my/our membership will start on the day of payment and will continue for so long as I/we are active foster parent(s) and continue to pay the membership fee.
 - b. To ensure that payment of my/our membership fee is up-to-date prior to the expiration date of the Insurance coverage and that UFPCC will not be held responsible if an Insurance renewal notice is not issued to or received by me/us for any reason.
 - c. To ensure that my/our correct membership status, address, and contact information is on file with UFPCC at all times.
 - d. To comply with the by-laws, policies, and procedures of UFPCC and any legislation applicable to UFPCC and/or me, as a foster parent.
 - e. That the UFPCC board of directors has the authority to terminate my/our membership, or to reduce or cancel my/our Insurance coverage, if I/we do not meet my obligations in (a) – (d).
 - f. That the Legal Expense Insurance provides coverage **only** for charges or investigations resulting from my/our interaction with **my/our foster children**, and that it is **NOT** liability insurance or coverage for legal expenses related to a Civil Suit.
4. I/we declare that, as of the date of this Application, I/we have no knowledge of any actual or potential allegations or charges, **involving my/our foster children**, against me/us or any other Insured Persons that may result in criminal charges or proceedings being laid or brought against me/us or any of them.
5. I/we agree to maintain the highest standards of foster parenting so long as I/we are members of UFPCC. I/we confirm that my CAS has a criminal reference check on file regarding me/us.

6. I/we understand that this Application is subject to acceptance by UFPCC's board of directors.
7. I/we authorize my CAS to provide UFPCC with my contact information for the purpose of maintaining my membership records. I/we authorize UFPCC to use and disclose my/our contact information, including sending me commercial electronic messages, for any purpose related to my/our membership. I/we understand that I/we can withdraw this consent at any time by contacting my/our CAS or UFPCC, as appropriate.
8. I/we authorize my/our CAS to deduct and remit to UFPCC \$0.45 per day per foster child from my/our monthly CAS payments as payment of my/our UFPCC membership fee. I/we acknowledge that this amount is subject to change at the discretion of the UFPCC board of directors.
9. I/we understand and acknowledge and agree that the Legal Expense Insurance is the only form of legal assistance available to me through UFPCC. I/we agree that I/we will not hold UFPCC or my/our CAS liable for any matter relating to the Insurance, including the administration or sufficiency of the Insurance. Once a certificate is issued to me/us for the Insurance, the Insurance will be the **only** source of financial assistance available to me/us through UFPCC. Only one certificate will be issued per household.

I/we have read and I/we understand this Application, and I/we agree to provide my/our CAS and UFPCC with written notice if any of the above statements change.

Dated at _____, Ontario this ____ day of _____, 20__

FOSTER PARENT SURNAME	FIRST NAME	MIDDLE NAME
_____	_____	_____
_____	_____	_____

ADDRESS: _____

TOWN/CITY: _____ **POSTAL CODE:** _____

Province: ON **TELEPHONE #:** _____ **EMAIL ADDRESS:** _____

Signature of Foster Parent(s) _____

Witness: _____

Instructions: Mail: UFPCC, 1 Bridge St. E., Ste 410, Belleville, ON K8N 5N9 or Email: office@ufpcc.com

HST#: 863843538 RT0001.

Definition of Insured Persons: A Member of UFPCC who is in good standing when investigations or charges are raised; and the following individuals living in the home of the Member: the Member's spouse/partner; the Member's children and grandchildren (including adopted children/grandchildren and children/grandchildren studying at college or university); and the Member's parents and grandparents.