**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_  
(Executive Director’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_  
(Program Administrator’s Signature)

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **All programs/sites are in compliance:** | | | **Yes:** |  |  | **No:** |  |
|  | | |  |  |  |  |  |
| **Financial Issue (s) with our :** | |
| **Program/Site Name:** |  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Financial Issue** | **Yes** | **No** |
| **Example Only: Bankruptcy filing** |  | X |
| Bankruptcy filings (includes parent company and subsidiaries). Please specify. |  |  |
| Tax liens from the local jurisdiction in which the agency is located, the State of Maryland, or the Internal Revenue Service. |  |  |
| Receipt of a going concern, adverse, disclaimer, or qualified audit opinion during an annual audit of financials conducted by a Certified Public Accountant (CPA) |  |  |
| Receipt of a liability offset notice from the Comptroller of Maryland or the Maryland Department of Human Resources |  |  |
| Receipt of a cancellation notice for an insurance policy the agency is obligated under DHS-contract or COMAR to maintain |  |  |
| Payroll, corporate, unemployment, or any other state or federal taxes more than 30 days in arrears |  |  |
| Lease or rent payments more than 30 days in arrears |  |  |
| Any other adverse financial issues directly related to the agency’s fiscal solvency or to compliance with the financial standards established in the agency’s contract with DHS or by COMAR |  |  |

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:** DHS expects all agencies licensed by or under contract with DHS 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.

(Updated: 7/2017)