 

 **STATEMENT OF NON FIREARMS POSSESSION**

I/We certify that we Do or Do Not have firearms in our home. *(circle one that applies)*

Address of Resource Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Resource Parent Signature Date Resource Parent Signature Date

**STATEMENT OF FIREARMS POSSESSION**

I/We certify that I/we have disclosed that we own firearms that will be kept in our home. *(circle one that applies)*

I/We understand that each firearm must have a trigger lock or be stored in a locked storage area. *(circle one that applies)*

I/We understand that all ammunition must be stored in a locked storage area. *(circle one that applies)*

I/We understand that children placed in our home are ***not,*** under any circumstances, to have access to said firearms, or allowed to have any other firearms in their possession unless discussed and agreed upon by the child’s treatment team. *(circle one that applies)*

I/We understand that any violation of the aforementioned conditions could result in immediate de-certification and removal of all children placed in my/our home. *(circle one that applies)*

Address of Approved Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Resource Parent Signature Date Resource Parent Signature Date