

**UNITED FOSTER PARENT ASSOCIATION OF CANADA
LEGAL DEFENSE FUND**

RE: APPLICATION FOR MEMBERSHIP IN LEGAL DEFENSE FUND

- I. We/I understand that the Legal Defense Fund (“LDF Fund”) is to be used for the purpose of:
1. Defending us as members of the LDF Fund and our families, relatives and Caregivers (section 3.0) against any allegations, claims or charges, civil or criminal that occur as a result of our/my fostering children: provided we are both General Members and LDF Fund Members of the Corporation in good standing.
 2. Providing up-front money to retain legal counsel and pay ongoing fees of legal counsel up to the allowable maximum should that become necessary (sections 2.2 and 4.0).
 3. Paying the expenses of operating the LDF Fund.

II. We/I agree to the following:

1. To maintain in good standing our General Membership and Legal Defense Fund Membership in the Corporation.
2. To pay monthly LDF Fund Membership dues of \$0.15 per day/child in care
3. Repay the LDF Fund if Insurance Companies reimburse the Member for their legal costs.

The Fund will have continued coverage after retirement from Fostering at no cost to the retired foster parent.

Foster Parent Surname	First Name	Middle Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

Town/City/Municipality: _____ Postal Code: _____

Province: _____ Telephone Number: _____

Fax Number: _____ E-Mail Address: _____

III. We/I hereby represent that at the date of this application we/I have no knowledge of any allegations against us or any of our family members, relatives or care givers (section 3.0) that may result in criminal charges or proceedings or civil claims, being made or brought against us/me, or either of us, or any of our family members, relatives or caregivers (section 3.0)

We/I agree to strive to maintain high standards of foster parenting so long as we are/I am General Member(s) and LDF Fund Member(s) of the Corporation.

We/I understand that this application is subject to acceptance by the LDF Fund Committee or the Board of Directors of the Corporation.

IV. This consent remains effective until revoked by us/me in writing.

Dated at _____, Ontario this ____ day of _____, 200__

_____	_____
Signature of Foster Parent	Signature of Foster Parent

_____	_____
Witness	Date

Signing this application form authorizes C.A.S. to deduct \$0.15 per day/foster child from the undersigned's monthly CAS checks.

It is also understood that the CAS Agency can not be held liable for any part of the operation of the Legal Defense Fund either financially or in any other way as their only connection is to deduct the per diems at source