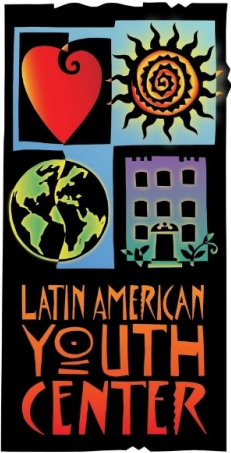


**LATIN AMERICAN YOUTH CENTER
ESPERANZA PROGRAM**

CONFLICTS OF INTEREST



1419 Columbia Road NW
Washington, DC 20009
Phone: 202.319.2225
Web: www.layc-dc.org

This conflict-of-interest document is designed to help foster parents identify situations that present potential conflicts of interest.

A conflict of interest occurs when a foster parent faces an actual or potential compromise of their duty, responsibility, or loyalty to the purpose of care they have.

Foster parents are expected to use good judgment to identify possible conflicts of interest and to manage such conflicts so as not to adversely influence to UC care. There is no definitive guideline to define under what circumstances a foster parent may be in a conflict of interest. However, some possible sources of conflicts are:

- a. A foster parent or their family member can't work for LAYC - Esperanza Program.
- b. Having direct interactions or influence over a staff member who works for LAYC - Esperanza Program.
- c. Using their position or knowledge for becoming a foster parent.
- d. Having a business, sexual, or romantic relationship with the LAYC - Esperanza Program staff could affect the fostering process.
- e. Having a different perspective or interest than the child's welfare and safety.

For purposes of this document, family member is a spouse, domestic partner, parent, child, or spouse of a child, brother, sister, or spouse of a brother or sister, of a foster parent.

No person who, in good faith, reports a violation of this conflicts of interest guideline shall suffer harassment or retaliation, nor will suffer an adverse consequence as a result of that report.

SIGNATURE of PARENT 1

DATE

SIGNATURE of PARENT 2

DATE

CONFLICTS OF INTEREST FORM

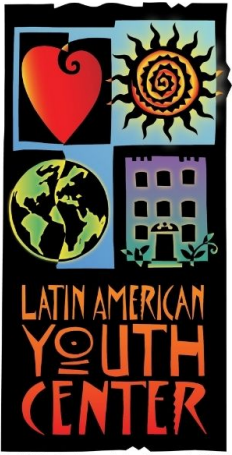
Name: _____

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest arising.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Conflict of Interest guideline that is currently in effect.

Signature: _____

Date: _____



1419 Columbia Road NW
Washington, DC 20009
Phone: 202.319.2225
Web: www.layc-dc.org