



Child & Family Focus, Inc.

SECONDARY PROVIDER APPLICATION

Applicants are considered without regard to race, color, religion, sex, national origin, age, education, marital or veteran status, or the presence of a non-job-related medical condition or disability.

Date of application: ____/____/____

Secondary Provider

General Information

Name: _____
(last) (first) (middle initial)

Address: _____
(street) (city, state) (zip code)

Number of Years Residing at this Address: _____ *If less than 2 years, please list previous address:*

Previous Address: _____
(street) (city, state) (zip code)

Number of Years Residing in Pennsylvania _____ Email Address: _____
(internal use only)

Phone: _____
(home)

(work)

(cell)

Preferred method of contact (please check one):

Home phone Cell Phone

Work phone Email

Email Address: _____
(internal use only)

Personal Information

Date of Birth ____/____/____ Social Security # ____-____-____

U.S. Citizen? Yes No Religious Affiliation _____
(optional)

Marital Status: Married (Date of Marriage ____/____/____) Single
 Divorced Other _____

Health

How would you describe your general physical health? Excellent Good Fair Poor
If poor, please describe _____

Do you have a chronic health problem? Yes No *If yes, please describe:* _____

Do you take any prescribed medication? Yes No *If yes, please complete the following:*

Medication

Prescribing Doctor

Stored in Secure Place?

Yes No

Yes No

Date of your last physical exam from your primary care provider: ____/____/____

To the best of your knowledge, are you free from communicable diseases such as TB, Hepatitis, Measles, Rubella?

Yes No *If no, please explain* _____

NOTE: CFF requires that all Therapeutic Foster Care and Respite Care providers have a physical examination, reflecting that the he/she is free from communicable disease.

Have you been vaccinated for Hepatitis B? Yes No

Educational Background

Degree/Diploma

Major / Discipline

Additional Training/Volunteer Experiences

CFF asks that Respite Care providers participate in regular trainings on topics applicable to respite care, in order to better serve children.

Please check any of the following techniques or topics on which you have received training or schooling:

- Adjustment Disorder
- Anxiety Disorders (i.e. OCD, PTSD)
- Childhood Disorders (i.e. ADHD, ODD)
- CPR
- Cognitive Disorders (i.e. Delirium, Dementia)
- Eating Disorders (i.e. Anorexia, Bulimia)
- First Aid
- Mood Disorders (i.e. Bipolar Disorder, Depression)
- Passive Restraint
- Psychotic Disorders (i.e. Schizophrenia)
- Personality Disorders
- Substance-Related Disorders

Do you have experience (volunteer or work) in the field of Mental Health, Mental Retardation, Medical Care, Child Care, Physical Disabilities, or other Human Service Occupations? *If yes, please describe what about the experience was most rewarding to you.*

Employment and References

Employment

CFF requires that the applicant's household currently earn an income sufficient to meet the financial needs of the family before accepting financial reimbursement for becoming a foster or respite care provider.

I am currently: **Employed full-time** **Employed part-time** **Unemployed**

If unemployed, please fill in the following for your most recent employment

Job Title _____ **Length of Employment** _____
Employer _____ **Monthly take-home Pay** _____
Address _____ **Job Description/Duties** _____

Schedule/ Hours _____

Does CFF have consent to contact this employer for a reference? Y N

References

Please list **two personal** references, and **one professional** reference:

Full Name	Address or Email Address	Phone Number
_____	_____	_____
_____	_____	_____

Does CFF have consent to contact the above references? Y N

Have you ever been approved by another agency to provide respite/foster care in your home for children? Y N

If yes, please list the agency/agencies worked with and dates of service below:

*Agency	Date(s)
_____	_____
_____	_____

* CFF requires a written letter of reference from each agency.

Motivation

Please explain why you would like to become a Foster/Respite Parent: _____

Please describe your life goals & values: _____

Please list a few of your strengths that could help in the caregiver role: _____

In a few sentences, describe your general disciplinary philosophy: : _____

Criminal History/Child Abuse Clearance

Were you or any other adult living in the home ever convicted of a criminal offense anywhere (i.e. city, country, or any other locale)? Yes No

Is any criminal charge against you now pending? Yes No

If yes to either of the above questions, please give details and provide us with a copy of the docket. Conviction of a criminal offense is not a bar to becoming a Foster/Respite Parent in all cases. Each case is considered on its own merits.

Have you, or any other adult living in the home, had a *Restraining Order* issued against you/him/her? Yes No
If yes, please give details: _____

Have you, or any other adult living in the home, had a *Protection from Abuse* order issued against you/him/her?
 Yes No If yes, please give details: _____

Have you or any members in your household ever received an expulsion of a conviction? Yes No
If yes, please give details: _____

Have you, or any other adult living in the home, had to legally appear in court for charges brought against you/him/her? Yes No If yes, please give details: _____

Have you, or any members in your family or household, had any involvement with a county Office of Children & Youth? Yes No If yes, what county? _____
Please describe: _____

Note: A Criminal History Clearance (or FBI Clearance for non-Pennsylvania residents) and a Child Abuse Clearance must be completed for all adults (18+) living in your home, as part of the application process.

At the consent of the applicant, CFF may contact the local Office of Children & Youth, as well as the local police, for information on him/her. If these consent forms are not attached, a Respite Coordinator may contact you regarding this matter.

Agreement

I certify that all information furnished in this application is correct and complete, and I understand that any false statement or omission of material/fact may disqualify me from further consideration from becoming a Foster / Respite Parent.

Secondary Provider Applicant Signature

Date

Confidentiality Notice: This application, together with any attachments, is for the sole use of Child & Family Focus, Inc. and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, forwarding, or distribution is prohibited. If you are not the intended recipient and have received this application in error, please contact the sender immediately and destroy all copies of the application.