

**HOST FAMILY APPLICATION**

*(Please save this application to your computer and complete it electronically; avoid hand-writing if possible. Thank you!)*

**FAMILY NAME:**      **DATE:**

HOME ADDRESS:

 *(Street)*

 *(City) (State) (Zip Code)*

 **IMPLEMENTING AGENCY:**

**ASSESSING WORKER:**  **ASSESSING WORKER’S PHONE:**

**HOW DID YOU HEAR ABOUT SAFE FAMILIES**?

**MOTIVATION:** *(please tell us a little about your interest in becoming a volunteer Host Family)*

|  |  |
| --- | --- |
|  **APPLICANT #1** |  **APPLICANT #2** |
| LAST NAME: FIRST NAME: MI:      | LAST NAME: FIRST NAME: MI:      |
| BIRTH: *(Date) (Place)*                | BIRTH: *(Date) (Place)*             |
|  FOSTER CARE PROVIDER ID (if applicable)#:       | MAIDEN NAME *(if applicable):*       |
| RACE/ETHNICITY/NATIONALITY:       | RACE/ETHNICITY/NATIONALITY:       |
| LANGUAGES SPOKEN:             *(Primary) (Secondary)* | LANGUAGES SPOKEN:             *(Primary) (Secondary)* |
| WORK / HOME PHONE:       | WORK / HOME PHONE:       |
| CELLULAR PHONE:       | CELLULAR PHONE:       |
| EMAIL ADDRESS:       | EMAIL ADDRESS:       |
| PREFERRED CONTACT NUMBER:      | PREFERRED CONTACT NUMBER:      |

**APPLICANT #1**

Have you ever been accused of child abuse? [ ]  yes [ ]  no

Have you ever been arrested? [ ]  yes [ ]  no

Have you been convicted of a felony? [ ]  yes [ ]  no

Have you ever been involved in a domestic violence incident? [ ]  yes [ ]  no

Have you ever had a substance abuse or alcohol problem? [ ]  yes [ ]  no

Have you ever had mental health problems? [ ]  yes [ ]  no

Do you have health problems that impact your care giving role? [ ]  yes [ ]  no

Do you or does anyone in your household smoke? [ ]  yes [ ]  no

**APPLICANT #2**

Have you ever been accused of child abuse? [ ]  yes [ ]  no

Have you ever been arrested? [ ]  yes [ ]  no

Have you been convicted of a felony? [ ]  yes [ ]  no

Have you ever been involved in a domestic violence incident? [ ]  yes [ ]  no

Have you ever had a substance abuse or alcohol problem? [ ]  yes [ ]  no

Have you ever had mental health problems? [ ]  yes [ ]  no

Do you have health problems that impact your care giving role? [ ]  yes [ ]  no

Do you or does anyone in your household smoke? [ ]  yes [ ]  no

**CURRENT FAMILY RELATIONSHIPS:**

Current Marriage: Years Married:      , How did you meet?

Periods of Separation: [ ]  yes [ ]  no

Domestic Violence: [ ]  yes [ ]  no

Previous Marriages: Husband: [ ]  yes [ ]  no, Wife: [ ]  yes [ ]  no

Children from previous marriage:

Strengths of Marriage:

Areas for improvement in Marriage:

**FAMILY HISTORY / BACKGROUND**: (life experience and family relationships, general understanding of the family history, structure, organization and culture. Family perception of how any of the family background will impact SFFC children hosted in the home)

**Applicant #1**

What were the hard things about your childhood?

Describe any significant periods of separations from your family as a child:

What were your family rules for behavior and roles (who did what)?

How would you describe your personality?

Describe your current relationships with your parents and siblings (how often do you see and visit each other; are your relationships with each other positive?):

Which of the following has occurred in your family of origin: [ ]  Domestic Violence, [ ] Child Abuse, [ ] Divorce, [ ]  Mental Illness, [ ]  Substance Abuse, [ ]  Traumatic Events, [ ]  Other

Please elaborate on any of the above checked or anything you think is important that is not mentioned above:

**Applicant #2**

What were the hard things about your childhood?

Describe any significant periods of separations from your family as a child:

What were your family rules for behavior and roles (who did what)?

How would you describe your personality?

Describe your current relationships with your parents and siblings (how often do you see and visit each other; are your relationships with each other positive?):

Which of the following has occurred in your family of origin: [ ]  Domestic Violence, [ ] Child Abuse, [ ] Divorce, [ ]  Mental Illness, [ ]  Substance Abuse, [ ]  Traumatic Events, [ ]  Other

Please elaborate on any of the above checked or anything you think is important that is not mentioned above:

**CHILDHOOD:** *(Discuss upbringing, family relationship, siblings, family rules.)*

**Applicant #1**

**Applicant #2**

**DISCIPLINE IN APPLICANTS’ FAMILY OF ORIGIN:**

**Applicant #1**

[ ]  Time Outs, [ ]  Spanking, [ ]  Loss of privileges, [ ]  Grounding, [ ]  Other:

Was punishment excessive? [ ]  Yes [ ]  No

If yes, please explain:

**Applicant #2**

[ ]  Time Outs, [ ]  Spanking, [ ]  Loss of privileges, [ ]  grounding, [ ]  Other:

Was punishment excessive? [ ]  Yes [ ]  No

If yes, please explain:

HOUSEHOLD COMPOSITION:

**Include All Individuals Residing In The Home**
*(Add additional Information on another sheet as needed)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **Male / Female** | **Birthdate** | **AGE** | **GRADE** | **RESIDES*****(Check Box)*****Part- Full-****Time Time** | **RELATIONSHIP TO****APPLICANT*****(Biological, step, foster child, adopted child, god child, other)*** |
| 1.       |   |       |    |    |  [ ]  |  [ ]   |       |
| 2.       |   |       |    |    |  [ ]  |  [ ]  |       |
| 3.   |   |       |    |    |  [ ]  |  [ ]  |       |
| 4.       |   |       |    |    |  [ ]  |  [ ]  |       |
| 5.       |   |       |    |    |  [ ]  |  [ ]  |       |
| 6.       |   |       |    |    |  [ ]  |  [ ]  |       |
| 7.       |   |       |    |    |  [ ]  |  [ ]  |       |
| 8.       |   |       |    |    |  [ ]  |  [ ]  |       |

**CHILDREN:** *(Describe each of your childrens’ personalities)*

|  |  |
| --- | --- |
| **Names** | **Personalities, etc.** |
| 1.       |        |
| 2.       |        |
| 3.       |        |
| 4.       |        |
| 5.       |       |
| 6.       |        |

Sibling relationships: [ ]  Excellent, [ ]  Good, [ ]  Fair, [ ]  Poor:

Health of Children: [ ]  Excellent, [ ]  Good, [ ]  Fair, [ ]  Poor:

Behavior of Children:[ ]  Excellent, [ ]  Good, [ ]  Fair, [ ]  Poor: .

Discipline: [ ]  Time Outs, [ ]  Spanking, [ ]  Loss of privileges, [ ]  Grounding, [ ]  Other:

Special needs of children [ ]  Learning, [ ]  Developmental Issues, [ ]  Health, [ ]  Mental Health,

 [ ]  Substance Abuse. Explain those indicated:

Children’s view of having a child-guest through SFFC visiting their home:

**HOME DESCRIPTION:** *(Check all that apply.)*

Construction: [ ]  Apartment Building [ ]  Condominium [ ]  Duplex

 [ ]  Single Family Home [ ]  Mobile Home [ ]  Military

 [ ]  Other:

 [ ]  One Story  [ ]  Two or More Stories  [ ]  Bi-Level

Indoor Space: [ ]  Basement with Walkout [ ]  Attic [ ]  Basement

 [ ]  One Bedroom [ ]  Two Bedrooms [ ]  Three Bedrooms

 [ ]  Four or more Bedrooms [ ]  Handicapped Accessible Handicapped

 [ ]  Other:

Outside Space: [ ]  Porch [ ]  Deck [ ]  Shed/barn [ ]  Pool/Pond/Lake

 [ ]  Patio [ ]  Hot Tub [ ]  Fenced Yard [ ]  Detached Garage

 [ ]  Play Equipment [ ]  Handicapped Accessible

Arrangement: [ ]  Rent [ ]  Own [ ]  Other:

Are there any unfinished areas in your home? [ ]  yes [ ]  no.

If yes, will children have access to these areas? [ ]  yes [ ]  no

**HOME ENVIRONMENT AND SAFETY:**

Do you have a swimming pool or pond/water on your property? [ ]  no [ ]  yes

If yes, is it fenced in? [ ]  yes [ ]  no [ ]  N/A

Are smoke detectors and carbon monoxide detectors working? [ ]  yes [ ]  no

Is water temperature set to avoid burning? [ ]  yes [ ]  no

Are cleaning supplies and chemicals out of reach or secured? [ ]  yes [ ]  no

Are prescription and over the counter medications out of reach or secured? [ ]  yes [ ]  no

Are there any open outlets, etc. that may be harmful? [ ]  yes [ ]  no

Do you have child safety gates? [ ]  yes [ ]  no

Do you have a fireplace? [ ]  yes [ ]  no

Pets:

Are there pets in the home? [ ] Yes [ ] No

If yes, do they meet all county/city safety ordinance requirements? [ ] Yes [ ]  No

If there are pets in the home, describe the number and type of pets:

Explain any non­compliance with county/city safety ordinance requirements.

Is the pet friendly to children: [ ]  Yes, [ ]  No, please explain:

**Firearms:**

Are there any firearms or weapons in the home? [ ]  Yes [ ]  No

If yes, describe the type and purpose for being in the home:

Where are firearms stored:

Where is ammunition stored:

*(Firearms and ammunition must be stored in separate locked containers. Exception: active duty police officers.)*

**Water Source**: [ ] Municipal [ ] Well [ ] Private

# Description of Home – Sleeping Arrangements

(\* Indicate where Safe Family child or children will sleep.)

|  |  |  |  |
| --- | --- | --- | --- |
| **BEDROOM****MEASUREMENTS*****(can be measured by SF staff at time of interview)*** | **FLOOR/****LEVEL** | **NAMES OF OCCUPANTS*****(If occupied)*** | **TYPES OF BEDS FOR****CHILDREN:****Crib, Single, Double, *Bunk******(if bunk, indicate upper U or lower L)*** |
| 1.       |        |        |        |
|  2.       |        |        |        |
| 3.        |        |        |        |
| 4.       |        |        |        |
| 5.       |        |        |        |
| 6.       |        |        |        |

TRANSPORTATION:

Will household vehicles be used to transport children? [ ]  Yes [ ]  No

Applicant(s) insurance company:       Expiration date:

Do all other approved household members have valid driver’s license, proof of insurance and valid registration for vehicles used to transport children? [ ] Yes [ ]  No

List all household members approved to transport:

Describe alternative transportation plan if family does not own an operating vehicle:

Check to insure discussion:

[ ]  Safe Family Parent understands that they must have appropriate child safety seats when applicable.

[ ]  Safe Family Parent understands that they are responsible for insuring that any person outside the household who transports children must have a valid driver’s license and insurance.

[ ]  Safe Family Parent understands that no one under the age of 18 can transport a child placed in your home through Safe Families.

**EDUCATION:**

**Applicant #1 Education** (check highest grade): 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]  7[ ]  8[ ]  9[ ]  10[ ]  11[ ]  12[ ]  Diploma[ ]  GED[ ]  College: 1[ ]  2[ ]  3[ ]  4[ ]  Grad: 1[ ]  2[ ]  3[ ]  4[ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Location** | **Dates Attended** | **Degree** |
| **High School** |        |        |        |
| **College** |        |        |        |
| **Graduate** |        |        |        |
| **Doctoral**  |        |        |        |

**Applicant #2 Education** (check highest grade): 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]  7[ ]  8[ ]  9[ ]  10[ ]  11[ ]  12[ ]  Diploma[ ]  GED[ ]  College: 1[ ]  2[ ]  3[ ]  4[ ]  Grad: 1[ ]  2[ ]  3[ ]  4[ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Location** | **Dates Attended** | **Degree** |
| **High School** |   |        |        |
| **College** |        |        |        |
| **Graduate** |   |        |        |
| **Doctoral**  |        |        |        |

**EMPLOYMENT**

**Applicant #1:**

Current/Last Employer:       Location:

Title/Responsibilities:       Dates Employed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer****Name/Location** | **Dates** | **Position** | **Reason for Leaving** |
| 1.       |        |        |        |
| 2.       |        |        |        |

**Applicant #2:**

Current/Last Employer:       Location:

Title/Responsibilities:       Dates Employed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer****Name/Location** | **Dates** | **Position** | **Reason for Leaving** |
| 1.       |        |        |        |
| 2.       |        |        |        |

Annual house hold income:

Is your family financially able to provide care for a child placed in your home through Safe Families on a volunteer basis? [ ]  yes [ ]  no

Do you currently receive any government assistance with house hold expenses? *(TANF, WIC, SSI, Disability, Adoption Assistance, etc.)* [ ]  yes [ ]  no

BUSINESS OPERATION ON PREMISES:

Does Applicant operate a business from the residence? [ ] Yes [ ] No

If yes, describe impact of home business on SFFC arrangements:

**FAMILY HOBBIES, ACTIVITIES AND INTEREST:**

**VALUES AND BELIEFS OF YOUR FAMILY:** *(What’s important to your family?)*

**CULTURAL EXPERIENCES AND VALUES:** *(Discuss any experiences with different cultures, discrimination, and prejudice during childhood and adulthood.)*

Are you willing to respect and help preserve the SFFC child(ren)’s culture and heritage while in your home?: [ ]  yes [ ]  no

What are some ideas you have in order to do this?

**RELIGIOUS / SPIRITUAL BELIEFS:**

Which of the following does your family participate in: [ ]  Regular church attendance, Name / location of church:

[ ]  Bible Study, [ ]  Small Group, [ ]  Children’s Programs/Youth Groups, [ ]  Service/Mission Activities:

Other:

**SUPPORT SYSTEM:**

Contact with Extended Family: [ ]  Daily, [ ]  Weekly, [ ]  Monthly

Contact with Neighbors: [ ]  Daily, [ ]  Weekly, [ ]  Monthly

Contact with Church Community: [ ]  Daily, [ ]  Weekly, [ ]  Monthly

Who can assist you locate necessary resources *(clothes/carseat/diapers)*

Who can help with childcare:

If you had a crisis, who would you call?

**NEIGHBORHOOD AND COMMUNITY RESOURCES:**

What resources are in your community? [ ]  Parks, [ ]  Library, [ ]  Hospital, [ ]  Recreation Activities,

Please briefly describe your neighborhood (e.g. safety, support):

**CHARACTERISTICS OF CHILDREN YOU CAN HOST IN YOUR HOME:**

[ ]  Male - Age Range:       [ ]  Female - Age Range:

Maximum number of children at one time:

Sibling group: [ ]  yes [ ]  no

Special Needs:

Behavioral Issues:

Other:

**SUPPORT OF REFERRING PARENTS*:***

Are you interested in developing a relationship with the parent of the child in your care? [ ]  yes [ ]  no

How, if at all, would you be interested in supporting the parents/guardians of the Safe Family children in your care?

**References:** *(forms will be e-mailed to you for distribution to your references)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone/Cell** |
| **Pastoral:**  |       |       |
| **Other:**  |       |       |
| **Other:**  |       |       |

**Please submit copies of driver’s licenses for all adults in the home (18+) and copies of auto insurance for drivers authorized to transport children as well as valid registration for all vehicles that will be used to transport children.**

**CONTACT DATES OF APPLICATION INTERVIEW**: (to be completed by interviewer: including all family members that were present – all parents and teenage children must be present for at least one contact)

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

***For SFFC Interviewer use ONLY:*** (Completed by Safe Families *for* Children Worker/Staff)

**ASSESSMENT OF CAREGIVERS AND HOME:**

Is the family taking in kids for the right reason? [ ]  yes [ ]  no

Are they willing to accept feedback and supervision? [ ]  yes [ ]  no

Do they have appropriate levels of compassion and empathy? [ ]  yes [ ]  no

Do they have sufficient resources? [ ]  yes [ ]  no

Are the parents of sufficient health/physical strength? [ ]  yes [ ]  no

Are they able to supervise and care for child guests? [ ]  yes [ ]  no

Are they willing to receive necessary training? [ ]  yes [ ]  no

Is the home safe? [ ]  yes [ ]  no

Do they understand the importance of respecting recipient family privacy? [ ]  yes [ ]  no

**NARRATIVE EVALUATION AND RECOMMENDATION OF APPLICANT(S)**: (evaluate applicants in correspondence to home assessment document; characteristics, limitations, and responsibilities related to SFFC volunteer criteria)

**Characteristics, Limitations and Responsibilities of the Caregiver** –

Fingerprint/Background Checks Complete? [ ]  yes [ ]  no

Online Training Complete? Orientation: [ ]  yes [ ]  no Data Base: [ ]  yes [ ]  no

Family Coach: [ ]  yes [ ]  no Townsend: [ ]  yes [ ]  no

Received Host Family Manual ? [ ]  yes [ ]  no

AGENCY DECISION:

[ ]  INVITE THE FAMILY TO SELECT INTO SFFC

[ ]  COUNSEL THE FAMILY OUT OF SFFC

**MUTUAL DECISION OF THE FAMILY AND THE AGENCY:**

[ ]  AGREE TO SELECT IN

[ ]  AGREE NOT TO PARTICIPATE

[ ]  AGREEMENT NOT REACHED; AGENCY DECISION MAINTAINED

FINAL DECISION DATE:

**Recommendation:** *(Check one)* [ ]  **ISSUE APPROVAL** **[ ]  DECLINE APPROVAL**

Age of children:

Capacity *(number of children):*

Gender: *(Check one)* [ ]  Boys [ ]  Girls [ ]  Either

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Approval Representative Printed Name Date Finalized

Approval Representative Signature

Supervising Agent Printed Name Date Finalized

Supervising Agent Signature

\*\*\*\*Maintaining privacy of personal information is of utmost importance to Bethany Christian Services Safe Families for Children ministry. We (the Host Family) acknowledge our information will be added to the Safe Families for Children database for the purposes of making appropriate host arrangement matches. Identifying information will be available only to Safe Families for Children representatives, and will not be shared without the express written consent of the Host Family.

Host Family Parent       Date:

Host Family Parent       Date: