

**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

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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: