



FOCUS ON YOUTH, INC.

APPLICATION FOR CHILDCARE AND RESPITE CARE APPROVAL

Applicant #1 Name (Please Print)					Date of Birth:	Driver's License Number:
First	Middle	Last	(Maiden)	Applying to provide:		
				<input type="radio"/> Alternate Care <input type="radio"/> Respite Care	Social Security Number:	
Applicant #2 Name (Please Print)					Date of Birth:	Driver's License Number:
First	Middle	Last	(Maiden)	Applying for:		
				<input type="radio"/> Alternate Care <input type="radio"/> Respite Care	Social Security Number:	
Street Name & Address		(Apt. or Lot #)	City	State	Zip Code	County
Email Address						
Home Telephone Number:		Home Fax Number:		Cell Telephone Number:		
()		()				
Directions to home from agency: _____						

How were you referred to the agency: _____						

What is your motivation to provide services for children? _____						

HOUSEHOLD MEMBERS

List all other persons living in the household including names, birth dates, and relationship to you.

Name:	Date of Birth:	Relationship:

CRIMINAL HISTORY

(Please include any arrests or convictions of Driving Under the Influence (DUI) or Driving While Intoxicated (DWI))

Does any person 12 or older living in the home have a criminal history? Yes No If yes, please list:

Name	Offense	City and State	Approximate Conviction Date	Sentence





--	--	--	--

REFERENCES

Please provide four references. One should be the FOY foster parent/representative that referred you to the agency.

Reference Name	Relationship	Phone Number	Street Address	City	State	Zip Code
Email address:						
Email address:						
Email address:						
Email address:						

EXPERIENCE WITH CHILDREN/ SPECIALIZED SKILLS

Describe your experience with children other than your own. This may include employment and/or volunteer work.

Please list any special experience or skills you may have caring for children with special needs.

Please list any special skills or training you have (bilingual, CPR certified, etc.).

Have you ever been or are you currently certified as a foster caregiver in this state or any other state? Yes No

Have you ever applied for or been approved to adopt a child in this state or any other state? Yes No

Have you ever applied for or been approved to be a state certified child care provider? Yes No

If you answered yes to either of these questions, explain here, and identify the agency involved. _____



Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes not so positive. Please tell us about any contact either applicant has had with a child welfare agency (Children Services, Child mental health facility, community child serving agencies, etc.). Please give the name of the agency, approximate dates of contact and what the contact involved. Include both positive and negative experiences.

Check here if you have no experience with child welfare agencies

TYPE OF CHILD WILL CONSIDER

Please list the Focus on Youth foster families you already have a relationship with and would be interested in providing childcare or respite care services for: _____

Would you be willing to provide childcare services for other Focus on Youth foster families? Yes No N/A

Would you be willing to provide respite care services for other Focus on Youth foster families? Yes No N/A

Would you be willing to provide transportation for children to visits, therapy, etc. while they are in your care? Yes No

STATEMENT OF UNDERSTANDING

- I/we understand that this is an application only and additional documents will be required. This will include: criminal background check, interviews, safety inspection of your home, references, and other information or documentation requested by the agency. Failure of an applicant to provide required information or documentation or to attend required training (respite providers only) will render this application incomplete and the agency's file on the application will be closed.
- This application does not represent a final commitment on either side. Any childcare and/or respite care services will be by my/our mutual agreement.
- I/we certify that the information contained in this application is accurate and complete to the best of my knowledge
- I/we understand that providing materially false information will prevent the agency from considering my/our home for childcare and/or respite care services and is grounds for denial or revocation of a foster home certificate.
- If there is any significant change affecting health, marital status, residence, family composition or household occupants, employment or criminal charges, I/we agree to notify the agency promptly.
- I/we give permission to the agency to contact any references or agency or association for information regarding any work or involvement with the supervision of a child which I/we have done.

Applicant Name (please print)	Signature	Date
Applicant #1		
Applicant #2		

