



FOSTER CARE PROVIDER PROFILE

PERSONAL INFORMATION

Thank you for your interest. Please provide information about you and your family.

Name: _____ Age: _____ Date: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Email: _____

Ethnicity: _____

If a couple, please provide information for both.

Spouse Name: _____ Age: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Email: _____

Ethnicity: _____

Please describe who lives with you.

Name	Relation	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.) What language do you primarily speak in the home? _____

2.) Do you or anyone in your family speak other languages as well? If yes, what language? _____

3.) Do you have a religious affiliation? If yes, what affiliation? _____

4.) Currently employed or self-employed? If yes, what type of work? _____

5.) What is your work schedule? _____

What is your spouse's work schedule? _____

6.) Will you continue with your current employment if a client is in your home? _____

Will your spouse continue with current employment if a client is in the home? _____

7.) If yes, how do you plan to manage both foster care duties and your other obligations?

8.) Are there other adults in your family/home besides yourself who will participate in caregiving? Do they have disability or foster experience? If yes, please describe.

9.) Do you have extended family that plays an active role in your family's life? Would they be considered part of your support system? Please describe.

10.) Is there anything about your family's composition limiting the type of person you can care for? Please explain.

HOME & NEIGHBORHOOD

1.) Own or Rent? _____ 2.) One or two story home? _____

3.) Ground level, stair, or ramp entrance to your home? _____

4.) Is your home wheelchair accessible? If not, is it modifiable? _____

5.) Bedrooms: _____ 6.) Restrooms (w/shower): _____

7.) School District: _____

8.) Please list names of elementary, middle, high schools and colleges that serve your neighborhood.

9.) Please describe amenities/activities available in your neighborhood/community/social network.

10.) Please describe your city/town environment. Suburb, rural, inner city, etc.

CURRENT CERTIFICATION, VERIFICATION, OR LICENSURE

1.) Are you certified or contracted to care for a person in your home? No Yes

If yes, what is the agency name? _____

What type of agency? Check all that apply.

CPS/CPA HCS/TxHML CLASS Other: _____

2.) If you are certified to care for children in CPS care, please check all that apply.

Basic Therapeutic Habilitative Primary Medical Intense Level

Maximum number of children/adults certified to care for? _____

4.) Have you had a criminal history check in the last year? No Yes

5.) Are you willing to have a new background check done? No Yes

6.) Are all adults in the home willing to have a criminal background check? No Yes

7.) If you have been verified by or are under contract with other agencies in the past, please list all below with approximate dates.

Previous Agencies

Contact Person

Dates

Previous Agencies	Contact Person	Dates
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

8.) Have you ever requested a child/adult be removed from your home? No Yes | How many times? _____

Please describe the circumstances of each request for removal:

9.) Have you ever been investigated for allegations of abuse, neglect or exploitation? No Yes

If yes, please list the agency you were with at the time and describe the situation and the outcome of the investigation.

DISABILITY EXPERIENCE

1.) Do you have a close family member with a disability? No Yes

If yes, please describe your relationship and whether you helped to care for that person.

2.) Have you worked in a facility, group home or home health setting? No Yes

If yes, please describe where you worked, how long you worked there and the kind of work you did.

3.) Have you cared for people with disabilities in your home before?

If no, please skip to the next section.

If yes, please answer the questions below.

4.) Did you care for a family member, or were you paid to care for someone else?

If a family member, please describe how long you cared for them in your home and the kind of care you provided. Please indicate if the person is still living with you.

If you were paid to care for a person with a disability, how many people have you cared for in your home? Were they children or adults?

How long did you care for each person?

What kind of care did you provide?

Additional Comments:

CPS FOSTER CARE EXPERIENCE

1.) Do you have experience caring for children in the child protective system?

- If no, please skip to the next section.
- If yes, please answer the questions below.

2.) How many years? _____

3.) Have you cared for children on long-term, short-term or emergency basis?

4.) What is the longest placement of child in your home? Please describe.

5.) Have you worked in some other capacity in the CPS system? No Yes

If yes, please describe.

LIFESTYLE DESCRIPTION

Please describe your typical lifestyle. For example, are you active and on-the-go enjoy the outdoors, or prefer to stay at home? Does your family participate in organized activities such as church or scouts? Is your home full of activities or does it tend to be more quiet and subdued?

Describe the degree to which you would be comfortable having other nurses, therapists, etc. in your home to help care for a child.

1.) Why do you want to care for a person with a disability?

2.) What would you do to make a person with disabilities a part of your family?

3.) Are you willing to make a long-term commitment to a disabled person? Please elaborate.

4.) What do you consider to be the greatest challenges serving clients with disabilities?

5.) Some birth families are very active in their loved ones' life and would expect routine contact and consultation, while others are less active, requiring less frequent interaction. Are you willing to consider caring for a person whose birth family is involved? How much contact would you be comfortable with? Please explain.

CLIENT PREFERENCE

In this section, please describe your willingness to consider caring for a person with particular needs, and/or under what conditions you would exclude a child with certain needs.

Specific Interests | Sometimes families are already connected to a particular child or adult, perhaps as a family friend or as a caregiver through school or a residential facility. Are there any specific persons that you are interested in caring for?

No If yes, please provide name, age and length of time you've know them.

Name	Age	Time You've Known Client
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_____	_____	_____
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Do you know their parents or guardians? No Yes

Please describe your relationship with them and how you met them.

Age | Is there a particular age range you prefer? Please explain why.

Sex | Do you prefer a male or female? Please explain why.

Medical Needs | Some people need assistance with medical tasks on a daily or routine basis, such as assistance to to take medication(s) or to use a g-tube to eat. Some people also have conditions, such as a tracheostomy or ventilator use, which will require in-home nursing and may require the family to perform related tasks. Some people may have seizures, metabolic disorders or other chronic conditions that require consistent monitoring and ongoing treatment. Please indicate your interest and experience in caring for people with medical needs.

Cognitive, Development, Sensory | Please describe your interest and experience in caring for a person with the following: mild to significant intellectual disability; autism or autistic-like behaviors; blindness, deafness or to her sensory impairment; and communication challenges, such as uses few or no words to communication such as signing or an electronic device. Also, please indicated your interest in caring for a person whose disability are such that they may not appear to be engaged with their environment, or for whom it may be difficult for anyone other than their routine caregivers to determine their mood or reactions.

Behavioral Challenges | Please describe your interest and experience in caring for people with behavioral challenges that require redirection and/or increased supervision, including self-injurious behavior, aggression towards others, or inappropriate sexual conduct. Challenging behavior may be mild or severe, may be managed with positive behavior strategies and/or medication, and may have certain triggers that can be avoided.

Mobility Challenges | Please describe you interest and ability to care for a person with mobility challenges. A person with mobility challenges may have one or more of the following characteristics: an uneasy gait, assistance or supervision to walk, use of an orthotic device or walker, use of a manual or power wheelchair, and/or needs partial or complete assistance to transfer from wheelchair to bed, bath, vehicle etc. A person may also need a specialized car seat and/or accessible transportation. Please indicate your willingness to consider a person who needs lift equipment and other adaptive aids to assist with mobility and transfers.

Personal Care | Please describe your interest and ability to care for a person who needs partial or complete assistance to do things like eat, bathe, dress, toilet, or take care of other personal needs. Specifically address whether you are willing to care for a person who uses diapers.

Is there anything else that we should know in order to match you with a person?

PHOTOS OF HOME

Please provide pictures of your home to add to your file. Please include photos of the front of your home, kitchen, living area, bedroom and restroom(s) available to client, back yard, common areas, and hallways. If you any questions or need further assistance, please contact Human Resources Office by calling 214-741-6359.

Please mail your profile to:
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