

Crossroads Programs, Inc.

610 Beverly-Rancocas Road
Willingboro, New Jersey 08046
609-880-0210

Community Care for Kids Second Chance Homes
Caregiver Application

Identifying Information	
Name of Primary Caregiver:	Date of Home Study:
Home Address:	
Mailing Address (if different than above):	
Home Phone #:	Work Phone #:
Cell Phone #:	Email Address:
Date of Birth:	Social Security #:
Place of Birth: _____	
Primary Language Spoken in the Home: _____	
Secondary Language Spoken in the Home: _____	
Religious Affiliation (if applicable): _____	
Total Number of Bedroom in Your Home: _____ Number of Floors: _____	
Number of Adults Currently Living in Your Home: _____ Children: _____	
Please describe why you think you and your family would be good at caring for a child who may be emotionally disturbed or have behavioral health issues.	
Are you currently, or have you been in the past or have been previously studied as a caregiver or foster parent or sponsor for any other program? If so, provide details of the program, your length of service, the age and the population you served, and the status of that position.	

Employment	
Military Service:	
Branch _____ Length of Service _____ Type of Discharge _____	
What is the household's primary source of income?	
Will you be considering reimbursement for this child as a source of income?	
Is the primary caregiver employed?	
If so, include name and address of employer and position:	
Position/Title:	Length of Employment:
Work schedule:	Gross Salary:
Please list your employment history for the last 3 years:	
1. Position/Title: _____	
2. Address: _____	
3. Phone Number: _____	
4. Supervisor/Contact: _____	
1. Position/Title: _____	
2. Address: _____	
3. Phone Number: _____	
4. Supervisor/Contact: _____	
1. Position/Title: _____	
2. Address: _____	
3. Phone Number: _____	
4. Supervisor/Contact: _____	

Household Information

_____ Home _____ Apartment _____ Mobile

Rent per month: \$_____ Mortgage payment per month: \$_____

Name of person primarily responsible for payments/bills: _____

How long have you live at your current address? _____ years _____ months

Previous Addresses for the last five (5) years:

<u>Address</u>	<u>Dates</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Other Adults Living in the Home

Name	Relationship	Date of Birth	Occupation
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Marriage History

Present Marriage

- Where did you get married? (town, state, country) _____
- Date of Present Marriage: _____

Previous Marriages: Marriage ended in () Divorce () Death

- To who were you married? _____
- Date and Place: _____
- Date and Place of Divorce: _____
- Date of Spouse's Death: _____
- _____

Previous Marriages: Marriage ended in () Divorce () Death

- To who were you married? _____
- Date and Place: _____
- Date and Place of Divorce: _____
- Date of Spouse's Death: _____

IF MORE THAN TWO (2) PREVIOUS MARRIAGES, PLEASE LIST ON A SEPARATE SHEET OF PAPER.

Your Current Marriage/Relationship

What three things you like most about your present marriage relationship?

What do you most admire about your spouse/partner?

What crisis have you dealt with together and how was it handled?

What would make your marriage/relationship better?

Your Previous Marriages

If this (these) marriages ended in divorce, what was the reason for the divorce?

How is your present marriage/relationship different?

Do you have children from other than your current/marriage relationship? If yes, please list the names of each child, date of birth, and where they are currently residing?

If these children are not living with you, in what ways do you keep in touch and provide support?

For Single Applicants

Please describe your dating patterns for the last six (6) months.

What role will this person have in the life of the children placed with you?

For Parents

How old were you when you had your first child? _____

What three (3) things do you like most about being a parent?

What is the most difficult part of being a parent?

What is special about each of your children?

What do your children do that upset you the most?

What do you do when you are upset with your children?

How do you discipline your children? What methods are most effective?

What kind of activities are your children involved in?

What is your favorite thing to do with your children?

What advice would you give to a person thinking about having their first child?

Children**Children Currently Living in the Home:**

Name	Social Security #	Date of Birth	Occupation/ School Grade
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1.

2.

3.

4.

5.

6.

Children Living Outside of the Home

Name	Social Security #	Date of Birth	Occupation/ School Grade
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1.

2.

3.

4.

5.

6.

Children Deceased

Name	Social Security #	Date of Birth	Age at and cause of death
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1.

2.

3.

4.

Your Role as a Treatment Home Provider

Please tell us about the people who will help you when you need child care, advice, support, etc.?

How will the placement of a child affect your relationship to other immediate and extended family members?

How would you handle visits between the child and his/her parents?

If you are now (or ever have) parented a child that was not your birth child, what was the relationship (i.e. step child, relative, friend) and how long did you parent this child?

In what ways was this experience like parenting a birth child?

In what ways was this relationship different?

Medical History

Please describe any physical and/or mental health limitations that may impact your abilities as a caregiver.

Are you currently under the care of any doctors? Please explain:

What medications (over-the-counter and prescribed) medications do you take regularly? Please explain:

Do you have any chronic and/or reoccurring physical ailments, such as migraines, backaches, arthritis, etc.? Please explain:

Please list any injuries, illnesses, or operations you have had as an adult which required hospitalizations.

Family Background Information:

Name	Mailing Address	Age	Health	Occupation
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Father: _____

Mother: _____

Sibling: _____

Sibling: _____

Sibling: _____

Sibling: _____

Sibling: _____

Please tell us about the people that raised you; who were they and did you get along with them?

How did you get along with your brothers and sisters when you were growing up?

Which of your family members are you still close to and how often do you speak with them?

Please describe the impact that your family had on you as a child and as an adult.

As you were growing up, which family members were closest to? What made them special to you? Why?

What was the hardest part of growing up for you?

What was the best part of growing up for you?

What were you usually punished for?

How were you punished? By whom?

If you could change one thing about your own childhood, what would it be?

What did you learn from your caregivers that would help make you a good Treatment Home Parent?

Your Education

Highest level of education completed: _____

Grade School: _____ Location: _____

High School: _____ Location: _____

Trade School: _____ Location: _____

College: _____ Location: _____

Major: _____ Number of Credits: _____

How did you feel about school?

What do you remember the most about school?

Who was your favorite teacher and why?

What are your educational goals for your own children (or children who may be placed with you)?

General Information

Have you ever been convicted of a crime as a juvenile and/or adult? *If yes, please explain the nature of the crime and the date of the conviction and disposition.*

Has any member of your family been arrested or charged with a violation of the law? *If yes, please explain the nature of the crime and the date of the conviction and disposition.*

Has any member of your family and/or household ever been in foster care? If yes, please explain:

Has any member of your household ever had a drug or alcohol related problems? () YES () NO
If yes, please explain:

Name any close friends or relatives who are foster parents or treatment home providers.

How does each member of your family show love and affection?

When someone in the family is sad or upset, what do the other family members do to help?

In what ways has your relationship as a couple changed since becoming parents?

When your family has to make a decision, who participates and how do you arrive at a decision?

How do you resolve or settle a disagreement?

What usually makes each member of your family angry or upset?

How will each member of your family act when they are upset or angry?

Who is responsible for housekeeping and chores in the family?

What adjustments would you have to make if a child coming into your home has a religious preference different than your own?

What kinds of recreational activities does your family participate in?

Please tell us a little about any community groups, clubs, or organizations you belong to.

Please describe any volunteer experience you have had. *Include organization names and dates of service.*

Are there other experiences you have had that may have prepared you to be a caregiver?

Please disclose any other concern that you think may impact your ability to be a caregiver.

Have you ever had any experience with the Division of Youth and Family Services? If so, please provide the details of that experience.

Do you have any weapons in the home? If so, describe the purpose and the plan for safeguarding the weapon.

Do you agree to meet with Crossroads staff, at your home, for one scheduled monitoring visit and three (brief) unannounced visits per month?

Yes No

If no, why not?

Do you agree to provide routine transportation to help meet the child's needs? Is there any reason why you would not be able to provide transportation on a daily basis?

What type of support do you think would be helpful to you as a Treatment Home Care Provider?

Please describe the perfect foster care child for you

Male Female

Age: (From years to years old)

Race: Religion:

Special Needs:

Preferred Type of Placement: (check all that apply):

Reunification with Natural Caregivers Reunification with other family/caregiver

Adoption Independent Living

Respite Care Long Term Care (more than 6 months)

Short Term Care (less than six months) Permanent Foster Care Placement

Please tell us anything else we should know about you.

References: *Please list five people who know you well and can attest to your character, dependability, and ability to work with children. References must be non-relatives.*

Name	Relationship to You	Address	Length of relationship
1.			
2.			
3.			
4.			
5.			

Application Requirements: <i>Please note that the same background check required for primary caregiver is also required for all adult members of your household.</i>
1. Primary caregiver and all adults designated as an additional alternate (supervisor of child) must also complete a caregiver home study.
2. All adults in the home must submit a criminal background check and criminal disclosure statements.
3. All adults must submit a Child Abuse Information Consent Form to Crossroads Programs.
4. All members of your household must get a physical health screening and a TB test from your physician
5. All adults who provide transportation must submit a copy of a current driver's license, vehicle insurance identification card, and vehicle registration card.
6. Primary caregiver must submit a copy of Homeowner's Insurance Policy.
7. Primary caregiver and all adults who provide transportation must submit a copy of Vehicle Insurance Policy in the amount of \$250,000/person and \$500,000/accident of Bodily Injury or Death.
8. Primary caregivers and alternates must attend all orientation sessions prior to taking a child into your home.
9. You must submit to drug screening if requested by Crossroads Programs.
10. Primary caregivers and alternates must submit three (3) written references from non-relatives.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of work as a caregiver. I certify that I have and will provide information throughout the selection process that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a caregiver position. I understand that misrepresentations or omissions will be cause for my rejection as an applicant for a caregiver position with Crossroads or my termination as a caregiver.

Signature of Applicant _____ Date _____

Name of Person Conducting Home Study (print) _____

Title: _____ Signature: _____ Date: _____

10/02, 12/04, 8/05, 6/06