



Host Family Application

DATE: _____ FAMILY NAME: _____
SUPERVISING AGENCY: CAFA
ASSESSMENT STAFF: _____
STAFF CONTACT PHONE: _____

APPLICANT #1

First name: _____
Last name: _____
Birth: _____
(Date) (Place)
Race/Ethnicity/Nationality: _____
Languages spoken: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____

APPLICANT #2

Last name: _____ First name: _____
Birth: _____
(Date) (Place)
Race/Ethnicity/Nationality: _____
Languages spoken: _____ Email address: _____
Home phone: _____ Work phone: _____ Cell phone: _____

HOME ADDRESS: _____
(Street)

(City) (State) (Zip Code)

Employment

Applicant 1:

Current/Last Employer: _____ Location: _____
Title: _____ Dates Employed: _____

	<u>Name/Location</u>	<u>Dates</u>	<u>Reason for leaving</u>
Employer:	_____	_____	_____
	_____	_____	_____

Applicant 2:
Current/Last Employer: _____
Title: _____

Location: _____
Dates Employed: _____

	<u>Name/Location</u>	<u>Dates</u>	<u>Reason for leaving</u>
Employer:	_____	_____	_____
	_____	_____	_____

CHILDREN:

(Names, ages, schools, grades, ect.)

Date of Birth

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Children's view of having a Safe Family guest in your home: _____

BUSINESS OPERATION ON PREMISES:

Does Applicant operate a business from the residence? Yes No

If yes, describe how your home business would impact a hosting:

TRANSPORTATION

Will household vehicles be used to transport children? Yes No

Does the applicant(s) have proof of insurance and a valid driver's license for vehicles used to transport children?

Yes No, explain:

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

Religion/Spiritual Experience

Which, if any of the following does your family participate in?

Regular Church Attendance Name of Church: _____

Home Bible Study Awanas Service Activities _____

Other: _____

HOME DESCRIPTION: (Check all that apply.)

Construction: Apartment Building Condominium Duplex
 Single Family Home Mobile Home Military
 One story Two or More Stories Bi-Level
 Basement Other: _____

Indoor Space: Basement with Walkout Attic One Bedroom
 Two Bedrooms Three Bedrooms Four or more Bedrooms
 Handicapped Accessible Other: _____

Outside Space: Porch Deck Shed/Barn Pool/Pond/Lake
 Patio Hot Tub Fenced Yard Detached Garage
 Play Equipment Handicapped Accessible

Arrangement: Rent Own

Description of Home-Sleeping Arrangements

(*Indicate where children sleep, including Host child)

ROOM	FLOOR/LEVEL	NAME OF OCCUPANTS (If occupied)	TYPES OF BEDS FOR CHILDREN Crib, Single, Double, Bunk
1. <u>Master Bedroom</u>	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Home Environment

Are there pets in the home? Yes No
 If yes, please describe _____
 Do they meet all city and county ordinance requirements? Yes No
 Is the Pet friendly to children? Yes No, please explain _____

 Are there any firearms or weapons in the house? Yes No
 If yes, please describe the type and purpose for being in the home _____

 Where are the firearms stored? _____
 Is there a pool/open water? Yes No If yes, is it fenced? Yes No

Safe Families for Children (SFFC) Staff Notes:

FAMILY BACKGROUND AND HISTORY: (Discuss life experience and family relationships, general understanding of the family history, structure, organization and culture. Has there been any history of domestic violence?)

Applicant 1

Which of the following has occurred in your family origin?

- Domestic Violence Child Abuse Divorce Mental Illness Substance Abuse
 Traumatic Events Other, please explain: _____

Applicant 2

Which of the following has occurred in your family origin?

- Domestic Violence Child Abuse Divorce Mental Illness Substance Abuse
 Traumatic Events Other, please explain: _____

Education:

Applicant 1

Highest level of school completed:

- 11th grade or under
 High School diploma or GED
 Some college
 BA/BS
 Graduate school

Applicant 2

Highest level of school completed:

- 11th Grade or under
 High School Diploma or GED
 Some College
 BA/BS
 Graduate School

Childhood: (Discuss upbringing, family relationship, who raised you, 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? No Yes, please explain: _____

Applicant 2

- Time-outs Spanking Loss of privileges Grounding Other: _____

Was punishment excessive? No Yes, please explain: _____

SFFC Staff Notes:

Current family relationships:

Current Marriage:

Years Married: _____ How did you meet?

Strengths in Marriage:

Weaknesses in Marriage:

Previous Marriages: Husband: Yes No Wife: Yes No Number of children from previous marriage: _____

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.)*

Support System: Contact with Family, Friends, and Neighbors (Frequency):

Extended Family:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Neighbors:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Your Church Members:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

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, libraries, etc): _____

Briefly describe your neighborhood (Safety, support)

SFFC Staff Notes:

OTHER ISSUES:

Applicant 1:

Have you ever been convicted of child abuse? Yes No

Have you ever been arrested? Yes No Have you ever 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 smoke? Yes No

Applicant 2:

Have you ever been convicted of child abuse? Yes No

Have you ever been arrested? Yes No

Have you ever 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 smoke? Yes No

SUPPORT OF BIRTH PARENTS:

Are you interested in developing a relationship with the parent of the child in your care? Yes No

What age and how many children are you interested in having in your home? _____

MOTIVATION: (Discuss reasons for wanting to become part of the Safe Family Program)

References: (Please list three non-familial individuals and give them reference forms to fill out and send back.)

Name	Primary Phone Number	Relationship to Applicants
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SFFC Staff Notes:

Volunteer Family Reference

This volunteer has provided your name as a reference in his/her application for our Safe Families Program. The responsibilities involve caring for children in their home for short periods of time (1 day to 3 months). We would appreciate your taking the time to complete this reference and return it to Christians As Family Advocates. Thank you.

Sincerely, Angela Albin- Safe Families for Children Lane County, Program Director

Applicant Name: _____ Date: _____

Your Name: _____ Address: _____

Phone #: _____ Email Address: _____

1. How long have you known the applicant(s)? _____

2. In what capacity is your relationship? Colleague Supervisor Friend Pastor Other: _____

3. How frequent is your contact with the applicant(s)? _____

4. Rate **Attributes** that best describe the applicant(s), within the limits of your experience; or check 'Not Known'.

Attribute	Excellent	Good	Average	Fair	Poor	/	Not Known
Ability to interact,							
with children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
with other adults:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Integrity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Attitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Dependability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Judgment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Emotional stability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Responsibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Moral conduct:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Compassion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Relating to others who are different:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

5. Please comment on the applicant(s)'s suitability for providing a safe and nurturing home for children.

6. List any reservations about recommending the applicant(s)? _____

Reference signature: _____ Date: _____

Please return to:

Christians As Family Advocates
Safe Families for Children Lane County
921 Country Club Rd, Suite 222
Eugene, OR 97401



**ACKNOWLEDGMENT OF UNDERSTANDING
CONCERNING PROHIBITION OF CORPORAL PUNISHMENT**

The use of corporal punishment is prohibited upon any child who is served by Safe Families. Corporal punishment may herein be defined as any type of physical punishment, discipline, or retaliation inflicted upon any part of the body of a child. This would include such actions as slapping, hitting, punching, spanking, shoving, and pinching or any other type of action geared toward inflicting pain or bodily discomfort upon a child. Violation of this requirement might well result in the revocation of certification to provide care for children.

In many instances, use of corporal punishment may result in a child abuse investigation by Oregon Department of Human Services Child Welfare and an indicated finding of abuse with a subsequent record of child abuse in the State's Central Registry. It is also conceivable that the child or the child's biological parents might press charges or bring about a legal suit.

*"I / We have read and understand the above, and I / we agree to refrain
from the use of corporal punishment."*

Signature of Host Family

Date

Signature of Host Family

Date

Signature of Witness

Date



Authorization to Release, Request, or Exchange Information

The Safe Family for Children™ (SFFC) volunteer driven, professionally supported by CAFA, is here to support you during your time as a volunteer. We want to make every effort to help you feel comfortable in this. The privacy of your personal information is very important to us, and we will guard it carefully. You have the right to release and retract personal information about yourself and your minor child(ren). Please feel free to ask questions regarding the protection of your private information.

As part of the SFFC, CAFA will need to release limited information about you to SFFC placing families, Family Coaches, and other SFFC volunteers and to the SFFC organization. The Health Insurance Portability and Accountability Act (HIPAA) requires CAFA to obtain your permission before your personal information is released. By signing this document, you give CAFA permission to use and/or disclose information about you to:

Safe Families for Children™, SFFC Family Coaches, and SFFC volunteers
in your geographic area.

This information is shared in order to place a child in your care, to provide support, resources, and services to you, and for the business needs of SFFC. Here is a list of the information that will be shared:

- Personal information, for example: your name(s), number of children, address and contact information of your family (not to placing parent), specific needs of your family;

When your above information is disclosed, it may be disclosed again by the person receiving it, and may no longer be protected by the federal HIPAA laws. You have the right to refuse to sign this authorization and do not have to sign this if you do not agree with the disclosures. This authorization will expire when you leave the Safe Families for Children™.

Participating in SFFC is voluntary. If at any time you no longer want to participate in SFFC, please let CAFA know and your information will no longer be shared with the SFFC organization. Also, you may withdraw this authorization at any time by submitting your written request to withdraw this authorization to: Safe Families for Children Lane County

If you have any questions about this document, your information, or the Safe Families for Children™, please do not hesitate to ask your local SFFC contact person.

Name (please print) _____ DOB _____

Signature _____ Date _____