



## Short-Term Care Provider Collaborative Application

**Baby-Sitters who provide short term (less than 72 hours) and infrequent child care are considered occasional caregivers. These temporary caretakers who are providing baby-sitting must be skilled and experienced caregivers. They must be age appropriate, mature, and trustworthy.**

### Agency Affiliation ( Choose up to 3)

Arrow      MCH      Grace Manor      DFPS      A World for Children      Christian Homes      Azleway      UpBring  
 Buckner      Noble      Compass Connection      Hope Haven      No Preference

### Please Print Information Below

First Name	Middle Name	Last Name	
Maiden Name	Nick Name(s)	Other Name(s) Used	
Street Address	City	State	Zipcode
County	Home Phone	Cell Phone	
Date of Birth	Social Security Number	Driver's License or State ID Number	
Race      Hispanic Not Hispanic	Ethnicity      American Indian/Alaskan Native Pacific Islander/ Hawaiian Native	White      Black Asian	

### EMAIL:

### Residency History

List all other cities in Texas you have been a resident	Have you lived in another state in the last 5 years? Yes                      No					
List ALL other addresses OUTSIDE OF TEXAS where you have been a resident in the last 5 years(Please include month and year)						
Street Address	City	State	Zip	County	Start Date	End Date

### General Background

Have you or your family ever had any involvement with Child Protective Services?	YES	NO
Have you ever been convicted of a felony or a misdemeanor? If yes, Please give date, offense, and disposition	YES	NO

## Agency Information

Are you currently licensed as a foster parent, babysitter, overnight care provider, and/or respite provider for an agency?			
YES	NO	If YES, which agency?	
Do you currently know a foster family you are interested in serving?		YES	NO
If yes, which agency and family			

## Child Care Experience

Describe the experience you have with children that you believe will be of assistance to you in working with children in foster care.
List any other skills, qualifications, licenses, or experiences you feel would qualify you to work with children.

## Character References- Please provide the names and contact information of person to be used as character references

Name		Relationship		
Street Address		City	State	Zip Code
Phone Number	Email Address			
Name		Relationship		
Street Address		City	State	Zip Code
Phone Number	Email Address			
Name		Relationship		
Street Address		City	State	Zip Code
Phone Number	Email Address			

## Comfort/ Availability

Please check the distance you are willing to drive to sit for a family			
10 miles	25 miles	50 miles	Other
Please check the general days/times you are available to serve			
Weekdays	Evenings	Weekends	Overnight
Please check the number of children you are willing to watch at one time			
1-2 children	2-4 children	up to 6 children	
Please check the ages with which you are comfortable			
Infants/Toddlers ages 0-2	Young Children(3-5)	School Age(6-11)	Pre-Teen(12-18)

**Background Check-** I hereby declare that information above is true, correct and complete to the best of my knowledge. I understand that any misstatements or omission of the fact(s) stated would be cause for termination. By signing this form, I authorize agencies of The Fostering Collective Babysitting Collaborative to request a Criminal History Report and a Central Registry(CANRIS) Check on the above applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please initial in agreement to the following:**

\_\_\_\_\_ **If reimbursement of services occurs, it will be at the discretion of the foster parents.**

\_\_\_\_\_ **All children in care of DFPS have the right to confidentiality. Access to children information and records is limited to the parent or managing conservator, when the child is a minor, and authorized personnel except when contrary to law. Foster parents or staff will share information with the alternative caregiver that will affect their ability to care for each child. The alternate care giver will only share information regarding the child with the foster parents or other staff.**

\_\_\_\_\_ **Children in care are not to be left under the supervision of anyone other than an approved collaboration babysitter.**

\_\_\_\_\_ **All firearms should be kept locked and ammunition locked separately from the firearms.**

\_\_\_\_\_ **All medications should be locked or kept out of reach of children.**

\_\_\_\_\_ **All chemicals should be stored out of reach of children.**

\_\_\_\_\_ **All dangerous tools and equipment should be stored out of reach of children.**

\_\_\_\_\_ **All pets should be up to date with annual vaccinations.**

\_\_\_\_\_ **In case of emergency or serious incident, the foster parent should be contacted immediately.**

**Signature-**\_\_\_\_\_