



Short-Term Care Provider Collaborative Application

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

Agency Affiliation (choose up to 3)

- No Preference
 Arrow
 MCH
 Grace Manor
 A World for Children
 Christian Homes
 Noble
 Azleway
 UpBring
 Buckner
 Compass Connection
 Rekindle
 4Kids4Families

Please Print Information Below:

First Name	Middle Name	Last Name	
Maiden Name	Nick Name(s)	Other Names Used	
EMAIL:			
Street Address	City	State	Zip Code
County (not Country)	Home Phone	Cell Phone	
Date of Birth	Social Security Number	Driver's License or State ID Number	
Race <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Ethnicity <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander/Hawaiian Native <input type="checkbox"/> Asian		

Residency History

List all other cities in Texas in which you have been a resident.	Have you lived in another state in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> 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 code	County	Start Date	End Date

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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
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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, please list name of family and the agency they are with.

Childcare 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.

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Character References – Please provide the names and contact information of 3 NON-RELATIVE people 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 25 50
 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, ages 3-5 School Age, 6-11 Pre-teen/teen, 12-17

Background Check

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

X

Signature

X

Date

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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 4Kids4Families have the right to confidentiality. Access to children's information and records is limited to the parent or managing conservator, when the child is a minor, and authorized personnel except when contrary to the 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 up or kept out of the reach of children.

___ All chemicals should be stored out of the reach of children.

___ All dangerous tools and equipment should be stored out of the 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.

X

Signature