

# Prospective Caregiver Application

**BE THE BLUEPRINT FOR A CHILD'S LIFE** 

#### WELCOME!

Welcome, prospective caregiver!

Thank you for your expressed interest in serving Georgia's children. Enclosed in this packet are a few forms that we need you to complete to initiate the approval process. A Caregiver Recruitment and Retention Specialist from your region should be contacting you within 7-10 business days. They will collect this completed packet from you and provide you with additional information regarding next steps, as well as answer any additional questions.

We look forward to partnering with you. Thank you for making the decision to **Change the BLUEPRINT of a child's life!** 

The Division of Family & Children Services

#### **ONBOARDING PROCESS FOR PROSPECTIVE CAREGIVERS**

#### 7. WELCOME THEM HOME

You are now prepared to receive the call from the Division when a child is need of a safe and nurturing home.

#### • 1. LISTEN

Select and attend an "Information Session" either via webinar or in person to learn what it means to serve as a caregiver.

# 6. HOME

Your home will be approved by the Division for a particular number of children within an age range based upon your specification.

#### ONBOARDING PROCESS FOR PROSPECTIVE CAREGIVERS

Becoming a caregiver takes a one-step-at-a-time approach, and we are here to support you along the way. The process generally takes between four to six months. This guide will help you understand what to expect.

#### • 2. APPLY

Complete your Initial Application Packet and return it to your local Caregiver Recruitment and Retention Specialist.

#### 3. TRAIN

Complete IMPACT Pre-Service training, the required training for all caregivers.

#### 5. COMPLETE HOME STUDY

Participate in a home study and inspection process.

#### 4. COMPLETE FAMILY EVALUATION PACKET

This includes additional evaluation tools, medical exams, drug screenings, and other assessments. Some of these items may be completed while you are in IMPACT Pre-Service Training.

Please visit our website at **fostergeorgia.com** to learn more about our caregiver types, information sessions, and upcoming IMPACT Pre-Service Training dates in your area.

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#### **Prospective Caregiver Application**

Thank you for your interest in being a resource for children and families.

Primary Caregiver:			
Secondary Caregiver (if applicable):			
Address:	City:	State:	ZIP:
Primary Phone:	Primary Email:		
Secondary Phone:	Secondary Email:		
To which program are you applying?			
Partnership Parenting Resource Pa	arenting 🗌 Respite Family 🗌	Adoption	
Undecided Volunteer O	nly		
What prompted you to inquire about the pro-	ogram?		
Have you fostered or adopted in the past?	No Yes (If yes, where an	d when?)	
Are you currently approved with an agency?	? No Yes (If yes, which a	agency?)	
Marital Status			
	(If married, please provide date a married: Location:	5	
Primary caregiver identifying information	n		
Full name:			
Date of birth: Gender:	Social Security Num	oer:	
Race / Ethnicity:			
White Hispanic or Latino	Black or African American	Native American or A	American Indian
Asian / Pacific Islander	Other (Specify):		
Highest level of education:	Languages spoke	n:	
List any previous marriages. Include dates an	nd how the marriage ended.		

Primary caregiver employment information	
Primary caregiver's occupation:	Length of time employed:
Employer name: Employer phon	e number:
Employer address:	
Annual income:	
List your previous five employers and reasons for leaving:	
Please list any additional sources of income:	
Secondary caregiver Identifying Information	
Full name:	
Date of birth: Gender: Social Security Number	:
Race / Ethnicity:	
White         Hispanic or Latino         Black or African American	Native American or American Indian
Asian / Pacific Islander Other (Specify):	
Highest level of education: Languages spoken:	
List any previous marriages. Include dates and how the marriage ended.	
Secondary caregiver employment information	
Secondary caregiver's occupation:	Length of time employed:
Employer name:Employer phon	e number:
Employer address:	
Annual income:	
List your previous five employers and reasons for leaving:	
Please list any additional sources of income:	

#### Other household members

Please complete the following information for any persons 18 or older residing in your home. Background checks are conducted on all adults living in the home.

Name:	DOB (mm/dd/yyyy):	Age:	Sex:
Race/Ethnicity:			
White Hispanic or Latino	Black or African American	Native Americ	can or American Indian
Asian / Pacific Islander	Other (Specify):		
Languages spoken:			
Education:	Occupation:		
Marital status:			
Role in home:			
Name:			
Race/Ethnicity:			
White Hispanic or Latino	Black or African American	Native Americ	can or American Indian
Asian / Pacific Islander	Other (Specify):		
Languages spoken:			
Education:	Occupation:		
Marital status:			
Role in home:			
Name:	DOB (mm/dd/yyyy):		
Race/Ethnicity:			
White Hispanic or Latino	Black or African American	Native Americ	can or American Indian
Asian / Pacific Islander	Other (Specify):		
Asian / Pacific Islander			
Asian / Pacific Islander Languages spoken:			
Asian / Pacific Islander Languages spoken: Education:	Occupation: Date married (if applicable):		
Asian / Pacific Islander Languages spoken: Education: Marital status:	Occupation: Date married (if applicable):		
Asian / Pacific Islander Languages spoken: Education: Marital status: Role in home:	Occupation: Date married (if applicable):		
Asian / Pacific Islander Languages spoken: Education: Marital status: Role in home: Name:	Occupation: Date married (if applicable):	Age:	Sex:
Asian / Pacific Islander Languages spoken: Education: Marital status: Role in home: Name: Race/Ethnicity:	Occupation: Date married (if applicable): DOB (mm/dd/yyyy):	Age:	Sex: can or American Indian
<ul> <li>Asian / Pacific Islander</li> <li>Languages spoken:</li> <li>Education:</li> <li>Marital status:</li> <li>Marital status:</li> <li>Role in home:</li> <li>Name:</li> <li>Name:</li> <li>Race/Ethnicity:</li> <li>White</li> <li>Hispanic or Latino</li> </ul>	Occupation: Date married (if applicable): DOB (mm/dd/yyyy): Black or African American Other (Specify):	Age:	Sex: can or American Indian
<ul> <li>Asian / Pacific Islander</li> <li>Languages spoken:</li> <li>Education:</li> <li>Marital status:</li> <li>Marital status:</li> <li>Role in home:</li> <li>Role in home:</li> <li>Name:</li> <li>Race/Ethnicity:</li> <li>White</li> <li>Hispanic or Latino</li> <li>Asian / Pacific Islander</li> </ul>	Occupation: Date married (if applicable): DOB (mm/dd/yyyy): Black or African American Other (Specify):	Age:	Sex: can or American Indian
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Do you operate a home-based business?	Yes No I	Do clients regularly visit	? Yes N	No N/A				
Do you have, or plan to acquire, a child care license or provide day care? Yes No								
Do you operate a licensed personal care home? 🗌 Yes 📄 No								
Children								
Name:	Age:	Date of birth:	Sex:	Grade:				
Name:	Age:	Date of birth:	Sex:	Grade:				
Name:	Age:	Date of birth:	Sex:	Grade:				
Name:	Age:	Date of birth:	Sex:	Grade:				
List the names of your children (biological or other), minor or adult, not residing in home. And if they visit your home,								

What are the best days / times to contact you?

how often?

What are the best days / times for home visits?

What days / times are you available for pre-service training?

Do you have current CPR / First Aid Certification?

Yes No

Use the space below to provide any comments, questions or additional household member information.