



New Horizons Child Placing Agency
Application for Babysitting/Respite Family

*Completion of this form is not an obligation to participate in this program.
 Thank you for your interest.*

NAME(S):

_____ (Caregiver 1)

_____ (Caregiver 2)

Physical address (street, city, zip, county): _____

Mailing address: _____

Church affiliation (if applicable): _____

Interested in assisting a specific family? Please provide family name: _____

If respite provider, will respite be provided in your home? Or in the home of the foster family? _____

If married, how long?

Number of Children:

	Caregiver 1	Caregiver 2
Date of Birth		
Cell Phone		
Work Phone		
Home Phone		
Email		

OTHER HOUSEHOLD MEMBERS (include children):

Name	DOB & Age	Relationship

HEALTH:

	Caregiver 1	Caregiver 2
Frequency of alcohol use	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Frequency of cigarette use	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Any disabilities or health impairments which may affect providing care?		
Medications & list what medication is for:		

Please list any special training or experience you have in child care:

Tell us why you would like to be a respite provider/babysitter:

Please indicate what number and type of children you feel qualified to work with.

Maximum number of children willing to accept: 1 2 3 4 5 6

Minimum age: Infant 1 2 3 4 5 6 7 8 9 10

11 12 13 14 15 16 17 18

Maximum age: : Infant 1 2 3 4 5 6 7 8 9 10

11 12 13 14 15 16 17 18

Gender: Male Female Both

Race/Ethnicity (mark all that apply): African American Caucasian Two or more races
 Asian Native American Hispanic or Latino

Any other information you'd like to tell us about children you feel qualified to work with?

If you have children, share how you handle discipline in your home.

What would be the arrangements for sleeping foster children?

Have you ever kept children for the Texas Department of Family and Protective Services or any other child-placing agency? Yes No

If yes, with whom?

Are you currently licensed by TDFPS or another child-placing agency?

Yes No If yes, with whom?

TRANSPORTATION: When necessary, can you or someone in the household be available to take children to counseling sessions, doctor visits, school meetings, family visitation (if appropriate), etc., while they are in your care? Yes No

If yes, will you transport children in your own vehicle? Yes No

If so, please provide the make/model of your vehicle(s).

How many people will your vehicle safely transport?

REFERENCES: Please list 3 persons related/unrelated to you who are well acquainted with your family life:

Name	Address	Phone Number

FIREARMS: Do you have any firearms, projectiles or explosive devices in your home? Yes No

If you checked yes, please be advised you will be required to ensure children do not have unsupervised access including but not limited to: providing locked and separate storage for weapons and ammunition made of unbreakable material with separate locking devices, notify the agency of any change in firearms or explosives contained on your property. If the locked storage has a breakable front, guns must be secured with a locked cable or chain placed through trigger guards. The agency may make additional recommendations to ensure safety of children in the home. Compliance in this area is not optional.

BACKGROUND: Has anyone in the household been convicted within the preceding 10 years of any felony classified as an offense against a person or family, of public indecency, or of a violation of the Texas Controlled Substance Act, or of any misdemeanor classified as an offense against a person or family?

Yes No If yes, please describe conviction:

CONSENT: We authorize New Horizons Child Placing Agency to use the above information in making a study of our home.

Signature: _____

Date: _____

Signature: _____

Date: _____

Date submitted to New Horizons Child Placing Agency: _____

How did you learn about New Horizons or who referred you? _____