

## New Horizons Child Placing Agency Application for Babysitters

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

NAME: (First, Middle, Maiden Name, Other Last Names from Previous Marriages, or Nicknames, and Current Last Name)

(Caregiver 1)

(Caregiver 2)

Physical address:	Mailing address:	
Home Phone:	Email Address:	
If married, how long?	Number of Children:	
Place of Marriage:	Date of Marriage:	
Charach Manahamhin (Caraanaa)	X.	

Church Membership (Congregation):

	Caregiver 1	Caregiver 2
Date of Birth		
Place of Birth		
Racial/Ethnic Background		
U.S. Citizen	Yes No	Yes No
Languages Spoken		
Cell Phone		
Social Security #'s		
Current employer		
Work Phone		

## LIST ALL OTHER CITIES IN TEXAS <u>AND/OR</u> OTHER STATES WHERE THERE HAS BEEN RESIDENCY:

Caregiver 1	Caregiver 2

## **OTHER HOUSEHOLD MEMBERS** (include children):

	(	/	
Name	DOB & Age	Relationship & Health	Social Security #
			(if 14 yr. or older)

HEALTH	Caregiver 1	Caregiver 2
Do you drink?	Yes No	Yes No
Do you smoke?	Yes No	Yes No
Do you have annual exams?	Yes No	Yes No
Any disabilities, surgeries?		
Medications & list what medication is for:		

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

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

Discuss type of children you feel qualified to work with; giving minimum and maximum ages, sex of children, how many, and why:

Are there any circumstances concerning your family that you feel we should know that are relative to bringing one of our foster children into your home? (Please give unique opportunities or problems. For example, live on a farm, have large home, reared girls, boys, etc.)

Describe inside and outside play areas	s (such as fenced-in backyard, etc.)
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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, how will you transport children?
If no, who will?
Will child-safety seats and seatbelts be available in the vehicle? Yes No
How many people will your vehicle safely transport?
<u>Firearms</u> Do you have any firearms, projectiles or explosive devices in your home? Yes No If you checked yes, please be advised that New Horizons requires that firearms, projectiles and explosive devices must be kept out of the reach of any foster children that you have in your home. If firearms are present, they must have a trigger lock and be stored behind at least one lock. Ammunition must also be stored separately. What are your plans for storing your firearms, projectiles or explosive devices while providing respite care?
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?

Please make additional comments here:

Have either of you been convicted within the preceding 10 years of any felony classified as on offense
against the person or family, or of public indecency, or of a violation of the Texas Controlled Substance
Act, or of any misdemeanor classified as an offense against the person or family? Yes No If yes,
please describe conviction:

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

Signature:	Date:	
<b>G</b>		
Signature:	Date:	
Date turned into New Horizons Child Placing	g Agency:	
How did you learn about New Horizons or w	vho referred you?	