



Host Family Application

DATE:

FAMILY NAME:

SUPERVISING AGENCY:

ASSESSMENT STAFF:

STAFF CONTACT PHONE:

APPLICANT #1

Last name:

First name:

Birth:

(Date)

(Place)

Last 4 digits of SS#:

(for background check)

Race/Ethnicity/Nationality:

Languages spoken:

Home phone:

Work phone:

Cell phone:

Email address:

APPLICANT #2

Last name:

First name:

Birth:

(Date)

(Place)

Last 4 digits of SS #:

(for background check)

Race/Ethnicity/Nationality:

Languages spoken:

Home phone:

Work phone:

Cell phone:

Email address:

HOME ADDRESS:

(Street)

(City)

IL

(State)

(Zip Code)

BUSINESS OPERATION ON PREMISES:

Does Applicant operate a business from the residence?

Yes

No

If yes, describe how your home business would impact a hosting:

HOME DESCRIPTION: (Check all that apply.)

Construction:

- Apartment Building
- Single Family Home
- One story
- Basement

- Condominium
- Mobile Home
- Two or More Stories
- Other:

- Duplex
- Military
- Bi-Level

Indoor Space:

- Basement with Walkout
- Two Bedrooms
- Handicapped Accessible

- Attic
- Three Bedrooms
- Other:

- One Bedroom
- Four or more Bedrooms

Outside Space: Porch Deck Shed/Barn Pool/Pond/Lake
Patio Hot Tub Fenced Yard Detached Garage
Play Equipment Handicapped Accessible

Arrangement: Rent Own Other:

Pets, firearms and water sources:

Are there pets in the home? Yes No
 If yes, do they meet all county/city safety ordinance requirements? Yes No
 If there are pets in the home, describe the number and pets:
 Explain any noncompliance with county/city safety ordinance requirements:
 Is the pet friendly to children? Yes No, please explain:

Are there any firearms or weapons in the home? Yes No

If yes, describe the type and purpose for being in the home:

Where are firearms stored?

Water Source: Municipal Well Private

Home Environment:

Do you have a swimming pool? Yes No If yes, is it fenced in? Yes No
 Are smoke detectors and carbon monoxide detectors working? Yes No
 Is water temperature set to avoid burning? Yes No
 Are cleaning supplies and chemicals out of reach or secured? Yes No
 Are there any open outlets, ect. that might be harmful? Yes No

Household composition:

Include All Individuals Residing In the Home
 (Add additional information on another sheet if needed)

NAME	DATE OF BIRTH	RESIDES (Check Box)	RELATIONSHIP TO APPLICANT
1.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
2.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
3.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
4.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
5.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
6.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
7.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
8.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
9.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
10.		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	

Description of Home-Sleeping Arrangements

(*Indicate where children sleep, including Host child)

BEDROOM MEASUREMENTS

(can be measured by SF staff at time of interview)

FLOOR/LEVEL

NAME OF OCCUPANTS

(If occupied)

TYPES OF BEDS FOR CHILDREN

Crib, Single, Double, Bunk (if bunk, indicate upper U or lower L)

- 1. Master Bedroom
- 2.
- 3.
- 4.
- 5.
- 6.

TRANSPORTATION

Will household vehicles be used to transport children? Yes No

Does the applicant(s) have proof of insurance and a valid driver’s license for vehicles used to transport children?

Yes No, explain:

Do all other approved household members have proof of insurance and a valid driver’s license for vehicles used to transport children? Yes No

List all household members approved to transport:

Describe alternative transportation plan if family does not own operating vehicle:

Check to insure discussion: (For Safe Family Staff)

Host Parent understands that they must have appropriate child safety seats when applicable.

Host Parent understands that they are responsible for insuring that any person outside the household who transports children has a valid driver’s license and insurance.

CONTACT DATES: (For Safe Family Staff)

FAMILY BACKGROUND AND HISTORY: (Discuss life experience and family relationships, general understanding of the family history, structure, organization and culture. Has there been any history of domestic violence?)

Applicant 1

Which of the following has occurred in your family origin?

- Domestic Violence Child Abuse Divorce Mental Illness Substance Abuse
- Traumatic Events Other, please explain:

Applicant 2

Which of the following has occurred in your family origin?

- Domestic Violence Child Abuse Divorce Mental Illness Substance Abuse
- Traumatic Events Other, please explain:

Childhood: (Discuss upbringing, family relationship, siblings, family rules.)

Applicant 1

Applicant 2

Discipline in applicants' family of origin:

Applicant 1

Time-outs Spanking Loss of privileges Grounding Other:

Was punishment excessive? No Yes, please explain:

Applicant 2

Time-outs Spanking Loss of privileges Grounding Other:

Was punishment excessive? No Yes, please explain:

Education:

Applicant 1's Education (check highest grade completed) 1 2 3 4 5 6 7 8

9 10 11 12/High School Diploma GED College: 1 2 3 4

Grad: 1 2 3 4

Name/Location

Dates Attended

Degree

High School:

College:

Graduate:

Applicant 2's Education (check highest grade completed) 1 2 3 4 5 6 7 8

9 10 11 12/High School Diploma GED College: 1 2 3 4

Grad: 1 2 3 4

Name/Location

Dates Attended

Degree

High School:

College:

Graduate:

Family hobbies, activities, and interests:

Current family relationships:

Current Marriage:

Years Married: How did you meet?

Periods of separation: Yes No

Domestic Violence: Yes No

Strengths in Marriage:

Weaknesses in Marriage:

Previous Marriages: Husband: Yes No Wife: Yes No

Number of children from previous marriage:

Values and beliefs of your family: *(what's important to your family?)*

Cultural Experiences and Values: *(Discuss any experiences with different cultures, discrimination, and prejudice during childhood and adulthood.)*

Are you willing to help preserve your guest's culture and heritage? Yes No

Religion/Spiritual Beliefs:

Which of the following does your family participate in?

Regular Church Attendance Name/Location of Church:

Home Bible Study Awanas Service/Mission Activities Other:

Employment

Applicant 1:

Current/Last Employer:

Title:

Name/Location

Dates

Location:

Dates Employed:

Reason for leaving

Employer:

Applicant 2:

Current/Last Employer:

Title:

Name/Location

Dates

Location:

Dates Employed:

Reason for leaving

Employer:

OTHER ISSUES:

Applicant 1:

Have you ever been convicted of child abuse? Yes No

Have you ever been arrested? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been involved in a domestic violence incident? Yes No

Have you ever had a substance abuse or alcohol problem? Yes No

Have you ever had mental health problems? Yes No

Do you have health problems that impact your care giving role? Yes No

Do you smoke? Yes No

Applicant 2:

Have you ever been convicted of child abuse? Yes No

Have you ever been arrested? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been involved in a domestic violence incident? Yes No

Have you ever had a substance abuse or alcohol problem? Yes No

Have you ever had mental health problems? Yes No

Do you have health problems that impact your care giving role? Yes No

Do you smoke? Yes No

Support System: Contact with Family, Friends, and Neighbors (Frequency):

Extended Family: Daily Weekly Monthly

Neighbors: Daily Weekly Monthly

Your Church Members: Daily Weekly Monthly

Who can help with childcare?

If you had a crisis, who would you call?

Neighborhood and Community Resources:

What resources are in your community? Parks Library Hospital Recreation Activities

Please briefly describe your neighborhood (e.g. safety, support):

CHILDREN:

(Names, ages, schools, grades, personalities, ect.)

1.

2.

3.

4.

5.

Siblings relationships: Excellent Good Fair Poor, please explain:

Health of Children: Excellent Good Fair Poor, please explain:

Behavior of Children: Excellent Good Fair Poor, please explain:

Discipline: Time-outs Spanking Loss of privileges Grounding Other:

Special needs of children: Learning Development Health Mental Health

Substance Abuse Explain those Indicate:

Children's view of having a Safe Family guest in your home:

Are there other adults living in the home? Yes No

SUPPORT OF BIRTH PARENTS:

Are you interested in developing a relationship with the parent of the child in your care? Yes No

What age and how many children are you interested in having in your home?

MOTIVATION: (Discuss reasons for wanting to become part of the Safe Family Program)

To be completed by Home Study Specialist:

ASSESSMENT OF CAREGIVERS AND HOME:

- Is the family taking in kids for the right reason? Yes No
- Are they willing to accept feedback and supervision? Yes No
- Do they have appropriate levels of compassion and empathy? Yes No
- Do they have sufficient resources? Yes No
- Are the parents of sufficient health/physical strength? Yes No
- Are they able to supervise and care for child guests? Yes No
- Are they willing to receive necessary training? Yes No
- Is the home safe? Yes No

APPLICANT EVALUATION AND RECOMMENDATION:

Characteristics, Limitations and Responsibilities of the Caregiver

AGENCY DECISION:

- Invite the family to select into the Safe Families for Children program
- Counsel the family out of the Safe Families for Children program

MUTUAL DECISION OF THE FAMILY AND THE AGENCY:

- AGREE TO SELECT IN
- AGREE NOT TO PARTICIPATE
- AGREEMENT NOT REACHED; AGENCY DECISION MAINTAINED

FINAL DECISION DATE:

- Recommendation: (check one) APPROVED DENIED
- Age range of children: _____ Capacity: (number of children) _____
- Gender: (Check one) Boys Girls Either

Staff Signature _____ Date _____ ID# _____

Staff Printed Name _____ Date _____ ID# _____

Supervisor Signature _____ Date _____ ID# _____

Supervisor Printed Name _____