

Foster Care Eligibility Requirements

- ◆ Be at least 21 yrs. of age
- ◆ Have a valid Texas Drivers License
- ◆ Show proof of owning and/or renting home
- ◆ Complete an application for employment
- ◆ Interviewed by Case Manager
- ◆ Home inspection by Case Manager
- ◆ Be able to pass a criminal history check and drug screen
- ◆ Pass a competency test
- ◆ Complete required training classes
- ◆ Responsible for all transportation
- ◆ Responsible for scheduling and attending all doctor's appointment needed throughout the year
- ◆ Attend any and all interdisciplinary meetings scheduled throughout the year
- ◆ Must work exclusively for RMI for 6 months before accepting a FC Provider position with another agency
- ◆ Sign a Foster Care Provider Agreement with RMI
- ◆ 3 years of experience working with the developmental disabled in a home or institutional setting

Reaching Maximum Independence, Inc.
A Quality Service Provider

6336 Montgomery Dr.
 San Antonio, TX 78239
 (210) 656-6674/Fax (210) 656-0199

Foster Care Provider Application

Reaching Maximum Independence is an equal opportunity employer and will consider all applications for all positions equality without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application must be completed in black or blue ink only, and all questions must be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Please print all information.

SECTION I - IDENTIFYING INFORMATION

Applicants Name (Last, First, Middle)		Social Security No.
Spouse's Name		Social Security No.
Mailing Address (Street or P.O. Box, City State, ZIP)		
Home Address (if different)		Telephone No.

Directions to Home:

SECTION II - INFORMATION ABOUT APPLICANT

Health Status <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Describe any significant health problems or handicaps:	
Date of Birth	Religious Preference	Ethnic Group <input type="checkbox"/> Anglo <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify)	
Primary Language	Other Languages Spoken	Education	
Current Employer		Work Telephone	
Employer Address			
Working Hours		How long Employed	Salary
Annual Earnings <input type="checkbox"/> Less than \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> 15,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$24,999 <input type="checkbox"/> \$25,000 or more			
Other Monthly Income (list source)		Net Amount \$	

Interest and Hobbies:

SECTION III – APPLICANT PAST WORK HISTORY

Please account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR, DO NOT REFERENCE YOUR RESUME.

Name of Employer: _____
 Employer's Phone Number: () _____
 Employer's Address: _____
 Employment Dates: From _____ to _____
 Salary starting: _____ ending _____
 Supervisor's Name & Title: _____
 Reason for leaving: _____
 Are you eligible for rehire with this employer Yes No
 List Primary duties: _____

Name of Employer: _____
 Employer's Phone Number: () _____
 Employer's Address: _____
 Employment Dates: From _____ to _____
 Salary starting: _____ ending _____
 Supervisor's Name & Title: _____
 Reason for leaving: _____
 Are you eligible for rehire with this employer Yes No
 List Primary duties: _____

Name of Employer: _____
 Employer's Phone Number: () _____
 Employer's Address: _____
 Employment Dates: From _____ to _____
 Salary starting: _____ ending _____
 Supervisor's Name & Title: _____
 Reason for leaving: _____
 Are you eligible for rehire with this employer Yes No
 List Primary duties: _____

SECTION IV – INFORMATION ABOUT SPOUSE

Health Status <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Describe any significant health problems or handicaps:
Date of Birth	Religious Preference	Ethnic Group <input type="checkbox"/> Anglo <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify)
Primary Language	Other Languages Spoken	Education
Current Employer	Work Telephone	

Employer Address		
Working Hours	How long Employed	Salary
Annual Earnings <input type="checkbox"/> Less than \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> 15,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$24,999 <input type="checkbox"/> \$25,000 or more		
Other Monthly Income (list source)		Net Amount \$

Interest and Hobbies:

SECTION V -- SPOUSE'S PAST WORK HISTORY

Please account for all related job history and experience to include self-employment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR, DO NOT REFERENCE YOUR RESUME.**

Name of Employer: _____
Employer's Phone Number: () _____
Employer's Address: _____
Employment Dates: From _____ to _____
Salary starting: _____ ending _____
Supervisor's Name & Title: _____
Reason for leaving: _____
Are you eligible for rehire with this employer Yes No
List Primary duties: _____

Name of Employer: _____
Employer's Phone Number: () _____
Employer's Address: _____
Employment Dates: From _____ to _____
Salary starting: _____ ending _____
Supervisor's Name & Title: _____
Reason for leaving: _____
Are you eligible for rehire with this employer Yes No
List Primary duties: _____

Name of Employer: _____
Employer's Phone Number: () _____
Employer's Address: _____
Employment Dates: From _____ to _____
Salary starting: _____ ending _____
Supervisor's Name & Title: _____
Reason for leaving: _____
Are you eligible for rehire with this employer Yes No
List Primary duties: _____

SECTION VI - HOUSEHOLD INFORMATION

NAMES OF HOUSE MEMBERS (Other than provider and spouse)	RELATIONSHIP	AGE	SEX	SCHOOL GRADE OR OCCUPATION	HEALTH GOOD/ FAIR/ POOR		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHERS LIVING IN HOUSEHOLD (Periodically or temporarily)	RELATIONSHIP	AGE	SEX	SCHOOL GRADE OR OCCUPATION	HEALTH GOOD/ FAIR/ POOR		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VII - HEALTH INFORMATION

Describe any illnesses, handicaps, chronic, or nervous problems that any member of your household has or has had. (Describe who, when, give dates, describe medical treatment and/or counseling.)

Are you or anyone else in your household taking any medications? _____ Yes No
If yes, describe:

Have you are any member of your household ever received any treatment for emotional problems? _____ Yes No
If yes, describe:

SECTION VIII - INFORMATION ABOUT YOUR HOME

Type of Home <input type="checkbox"/> Home <input type="checkbox"/> Apartment, Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other (describe):	Number of Floors
<input type="checkbox"/> Buying <input type="checkbox"/> Renting	
What safety features are in your home? <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Grab bars <input type="checkbox"/> Non-slip Mats <input type="checkbox"/> Fencing <input type="checkbox"/> Ramps <input type="checkbox"/> Other (explain):	

Is there anything hazardous about your home or yard (example- heavy equipment, swimming pool, ditches)..... Yes No

Is your home on or close to a bus route? _____ Yes No
Are you willing to provide transportation for clients (to day hab. program, doctor, church, etc)? Please specify.

RMI- Foster Care Provider Pre- Employment-Application 2005

Describe your neighborhood (families with young children retired people, young singles, apartments, business).

Is your residential area neat or in need of repair? Please specify.

Do you think your neighbor could be receptive to people with disabilities? Please specify

Do you currently have home owners insurance which provides liability coverage for accident/injuries to non family members which may occur on your property? _____
_____ Yes No

Is your homeowners insurance valid when your house is used as a foster home? _____ Yes No

Does your motor vehicle insurance provide liability coverage for non-family member passengers? _____ Yes No

SECTION VIII – HOME ENVIRONMENT AND FAMILY

Have you and your spouse discussed becoming providers? _____ Yes No

Have you and your spouse discussed becoming providers with other family members living in your household? Yes No

Do you expect any problems in household member's ability to get along with an unrelated persons living in your home?

Do you foresee problems with friends and/or your children's friends in getting along with and accepting any unrelated persons living in the home? If yes please explain below----- Yes No

Would a clients religious preference different from yours create a problem for you and your family? _____ Yes No

Do you allow alcoholic beverages to be used in your home? _____ Yes No

Do you allow smoking in your home? _____ Yes No

How do you and your family spend your leisure time?

List the kinds of pets you have:

How are decisions made and problems solved within your household?

Explain briefly why you would like to be a foster home provider.

Please describe any training and/or training classes which would be helpful in caring for elderly or handicapped individuals.

Have you or any household member been convicted within the last 10 years of a felony classified as an offense against the person or family or as public indecency, or of a violation of the Texas Controlled Substances Act, or of any misdemeanor classified as an offense against the person or family or as public indecency? (This information must be given for anyone residing in the home or providing care to clients) _____ Yes No

If yes, describe:

How many disabled clients do you want to care for? _____

Age range desired _____

Which do you prefer to live in your home? Male Female Either Both

Would you be willing to care for a disabled person with behavior problems? _____ Yes No

Have you had any experiences with dealing with individuals with behavior issues? _____ Yes No

If yes, please explain:

Are there individuals with certain behavioral problems that you would not take?

Section X – REFERENCES

List three no related persons with have known you for more than one year that we can contact.

NAME	ADDRESS (Street, City, State, Zip)	TELEPHONE	HOW LONG KNOWN

List two references that we can contact in case of an emergency.

NAME	ADDRESS (Street, City, State, Zip)	TELEPHONE	HOW LONG KNOWN

AFFIDAVIT

Please read the following statements carefully before signing. If you should have any questions, please ask an RMI representative before signing.

- 1) I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed any false, misleading or otherwise incorrect statement made on this application form or during any interviews may be grounds for immediate discharge.
- 2) I hereby authorize RMI to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they find, as a result of this investigation. In addition I hereby waive my right to bring any course of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.
- 3) Upon a contingent job offer, I understand and accept that before I am employed I must pass a drug test, physical capacity test, have a criminal history and an employee Misconduct Registry/Nurse's Aid Registry Clearance check, a valid TX Driver's License (unless military), current liability insurance, a high school diploma or an equivalency certificate, and acceptable reference checks.
- 4) I authorize RMI to check my criminal history and Employee Misconduct Registry/Nurse's Aid Registry.
- 5) I agree that, if I am employed, I will abide by all the rules and regulations for RMI. I understand that the taking of drug and alcohol test, when given pursuant to RMI policy are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody at RMI is authorized to enter into any written or verbal employment contract with me for any definite period of time without the expressed written consent of the Executive Director of RMI. I also understand that my employment is "at will" and may be terminated by myself or by the company at any time for any reason at all, with or without prior notice.
- 6) I have not been convicted or adjudicated of any felony and/or misdemeanor, which could be classified as an offense against a person or family or of public indecency within the preceding ten years. There are no criminal charges pending against me, which would bar me from employment, nor have I been convicted of abuse or neglect.
- 7) In the event that you have been convicted or adjudicated of a felony and/or misdemeanor and there are criminal charges against you, do not sign this page. Instead submit a detailed statement of the circumstance. Date of Birth must be provided to do Criminal History Check. DOB: _____

Signature-Applicant _____ Date _____

Signature- Spouse _____ Date _____

RMI is an equal opportunity employer. RMI does not discriminate based on gender, race, age, religion, national origin, disability, veteran status or labor union affiliation.

COMPANY USE ONLY

INTERVIEWED BY _____ DATE _____ TIME _____
 INTERVIEWERS REMARKS: _____

CONTINGENT JOB OFFER CLEARANCES:

- Drug Test _____
- Criminal History Check _____
- EMR _____
- Health Inspection of Home _____
- Foster Care Provider Training/and General Orientation _____