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In order to assess your family’s skills and abilities, please complete this form and mail, e-mail, fax, or drop off your completed form to:

Treatment Foster Care Program

Knowles Centre Inc.

2065 Henderson Highway

Winnipeg, MB R2G 1P7

Fax: (204) 338-9082

E-mail: tfc@knowlescentre.org

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| --- |
| Name(s): . |
| Current address:... |
| Home phone:. | Cell phone:. | Work phone:. |
| Email address:. |
| What is the best way to contact you? |
| [ ]  Home phone | [ ]  Cell phone | [ ]  Work phone | [ ]  Email |
| Occupation:. |

1. Are you connected with a family currently fostering for our program and are applying to do respite for that home?

 [ ]  No

 [ ]  Yes (which foster family):

1. When are you available to provide respite? (you may circle more than one)

 [ ]  Daytime [ ]  Evening [ ]  Weekends/ Overnights

1. Do you prefer doing respite for males, females or both?

 [ ]  Males [ ]  Females [ ]  Either

1. What age group do you prefer working with?
2. Do you provide respite for any programs or agencies other than Knowles Centre?

 [ ]  No

 [ ]  Yes (please list which agencies):

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1. Do you foster and/or are a place of safety for any programs or agencies?

 [ ]  No

 [ ]  Yes (please list which agencies):

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1. Are there any individuals 18 years of age or older, that reside in your home with you on a temporary or ongoing basis? (i.e. spouse/partner, adult children, relatives, roommates)

 [ ]  No

 [ ]  Yes (please list):

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\*\*\*You are required to have consent from the Knowles Centre Clinical Case Manager to have any child/children other than your own in your care while you are providing respite care (other foster children, nieces and nephews, grandchildren etc.)\*\*\*

1. Are you able to provide overnight respite in your home?

 [ ]  No [ ]  Yes

1. Please list the skills and experience you have related to becoming a respite worker (i.e. may have provided respite for another agency or with Child & Family Services, have experience working with high needs children as an educational assistant, group home/support worker, etc). **Please attach a resume if applicable.**

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1. In the space provided, please describe your family in detail in written paragraph form (i.e. who is in your family, what they like to do in their spare time, what a day in your home looks like and what ages and genders of children would best fit into your home). Please attach additional pages if required.

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1. In the box below, please draw a floor plan of your home marking what each room is and where everyone sleeps.

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\*\*\*\*Please note that if your application proceeds to the next step you will be required to complete a number of checks including a Prior Contact check, Child Abuse Registry check, Criminal Record check for the vulnerable sector as well as a Driver’s Abstract. Do not obtain these checks before being contacted by Knowles Centre. **Current respite workers in our program will be required to hold a valid *Emergency First Aid with CPR Level "C"* certificate at all times** \*\*\*\*