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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** \*\*\*\*