

Mindful Missions of SC

General Application for Potential Providers

If two parent household a separate application needs to be submitted by both parents

APPLICANT ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

APPLICANT PERSONAL INFORMATION

Full Name: _____

Other Last Names Used: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

Driver's License # _____ State: _____

Gender: Male Female Citizenship Status: U.S. Citizen Permanent Resident

Marital Status: Married Divorced Separated Single Other: _____

Ethnicity: Hispanic African American Caucasian Native American Other: _____

Religion: Catholic Lutheran Protestant Jewish Baptist Other:

_____ If applicable; name of church/ religious institution:

_____ Email Address:

_____ Cell: (____) _____

_____ - _____ Work: (____) _____ - _____ Home (if applicable): (____) _____ - _____ Who is your

cell phone provider: ATT Sprint T-Mobile Verizon Other: _____ How did you

hear about Mindful Missions of SC: _____

_____ Are you Interested in: Foster Care Adoption Foster to Adopt Kinship

CURRENT RESIDENCE/HOME ENVIRONMENT

Type of Housing: House (Own/ Rent) Apartment Mobile home Duplex

Approximate value of residence: \$ _____

Number of: Bedrooms: _____ Bathrooms: _____ Floors: _____

Water Service: City Water and Sewer Well and / or Septic Tank

Cooling/Heating: Central Heat/Air Window Units

Types of Appliances: Electric Gas Both

Firearms/Weapons in the home: Yes No

Firearms/Weapons Storage (must be double locked): _____

Trampoline: Yes No

Pool: Yes No

Hot Tub: Yes No

Pets: Yes No

Name: _____ **Type of Pet:** Dog Cat Other: _____ **Breed:** _____

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*Each pet must have current rabies vaccinations on file with Mindful Missions of SC at all times.

MOTOR VEHICLE INFORMATION (Any Vehicle Transporting Children in Care)

Year: _____ **Make:** _____ **Model:** _____

Year: _____ **Make:** _____ **Model:** _____

Year: _____ **Make:** _____ **Model:** _____

Year: _____ **Make:** _____ **Model:** _____

*All vehicles transporting children must stay current with their registration and insurance

MEMBERS OF THE HOUSEHOLD

Full Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Social Security Number:** ____ - ____ - ____

Gender: Male Female **Relationship:** Child Parent Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Social Security Number:** ____ - ____ - ____

Gender: Male Female **Relationship:** Child Parent Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Social Security Number:** ____ - ____ - ____

Gender: Male Female **Relationship:** Child Parent Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Social Security Number:** ____ - ____ - ____

Gender: Male Female **Relationship:** Child Parent Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Social Security Number:** ____ - ____ - ____

Gender: Male Female **Relationship:** Child Parent Other: _____

FAMILY MEMBERS NOT LIVING HOUSEHOLD

Full Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Relationship:** Son Daughter

Address: _____

Phone: _____

Email: _____

Full Name: _____
Date of Birth: ____/____/____ **Age:** ____ **Relationship:** Son Daughter
Address: _____
Phone: _____
Email: _____

Full Name: _____
Date of Birth: ____/____/____ **Age:** ____ **Relationship:** Son Daughter
Address: _____
Phone: _____
Email: _____

Full Name: _____
Date of Birth: ____/____/____ **Age:** ____ **Relationship:** Son Daughter
Address: _____
Phone: _____
Email: _____

*All Adult Children and any child over the age of 13 residing outside of the home will be contacted for a reference.
Please use additional sheets if necessary

EDUCATION BACKGROUND

High School: _____ **City/State:** _____
Graduate: Yes No **Year of Graduation if Applicable:** _____

College/University/Trade: _____ **City/State:** _____
Graduate: Yes No **Year of Graduation if Applicable:** _____ **Degree/Trade:** _____

College/University/Trade: _____ **City/State:** _____
Graduate: Yes No **Year of Graduation if Applicable:** _____ **Degree/Trade:** _____

EMPLOYMENT HISTORY (Last 10 Years)

Dates of Employment: _____ **Employer:** _____

Job Title: _____ **City/State:** _____ **Current Salary:** _____

Dates of Employment: _____ **Employer:** _____

Job Title: _____ **City/State:** _____ **Reason for leaving:** _____

Dates of Employment: _____ **Employer:** _____

Job Title: _____ **City/State:** _____ **Reason for leaving:** _____

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Job Title: _____ **City/State:** _____ **Reason for leaving:** _____

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Job Title: _____ **City/State:** _____ **Reason for leaving:** _____

*Please use additional sheets if necessary

MILITARY SERVICE

Branch: _____

Dates of Service: _____

Rank: _____

Type of Discharge: _____

MEDICAL BACKGROUND

Please described any/all major as well as minor health issues: _____

Are you or any household member being treated for physical or psychological illness? Yes No

If Yes Please explain: _____

MEDICATIONS

Are you taking any medication (prescribed and/or over the counter)? Yes No

Name of Medication: _____ Dosage: _____

Purpose: _____

Name of Medication: _____ Dosage: _____

Purpose: _____

Name of Medication: _____ Dosage: _____

Purpose: _____

*Please use additional sheets if necessary

CRIMINAL HISTORY

Have you or any member of the household ever been arrested? Yes No

If yes, please explain: _____

Have you or any member of the household ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Have you or your spouse/ or family member living in your home ever been a subject of a report which addresses the serious physical, emotional, sexual abuse or neglect of a child? Yes No

If yes, please explain to include dates and circumstances: _____

Have any of your children ever been involved with juvenile court? Yes No

If yes, please explain: _____

RESIDENCE HISTORY (Past 10 Years)

Full Physical Addresses are Required

Date (Month & Year) moved into current address: _____

Previous Physical Address: _____

Dates (Month & Year) Resided at Address: _____ **to** _____

Reason for Move: _____

Previous Physical Address: _____

Dates (Month & Year) Resided at Address: _____ **to** _____

Reason for Move: _____

Previous Physical Address: _____

Dates (Month & Year) Resided at Address: _____ **to** _____

Reason for Move: _____

Previous Physical Address: _____

Dates (Month & Year) Resided at Address: _____ **to** _____

Reason for Move: _____

Previous Physical Address: _____

Dates (Month & Year) Resided at Address: _____ **to** _____

Reason for Move: _____

Previous Physical Address: _____

Dates (Month & Year) Resided at Address: _____ **to** _____

Reason for Move: _____

Previous Physical Address: _____

Dates (Month & Year) Resided at Address: _____ **to** _____

Reason for Move: _____

*Please use additional sheets if necessary

LOCAL AND COMMUNITY RESOURCES

What school district is the residence located in? _____

Elementary School: _____

Address: _____ Phone: (____) _____ - _____

Middle School/Junior High: _____

Address: _____ Phone: (____) _____ - _____

High School: _____

Address: _____ Phone: (____) _____ - _____

Other Specialty School: _____

Address: _____ Phone: (____) _____ - _____

Nearest Medical Facility/Hospital to the residence: _____

Address: _____ Phone: (____) _____ - _____

Other community resources in the area (library, boy/girl scouts, YMCA, parks): _____

SPECIAL SKILLS AND INTERESTS

Foreign Languages: _____ Fluency: _____

Interests and Hobbies: _____

Social Activities you participate in: _____

Professional organizations you belong to: _____

Volunteer work you have done: _____

GENERAL QUESTIONS

Why do you want to become a foster care provider? _____

What do you feel you and your family can offer a foster child living in your home? _____

Give a brief description of your own childhood, including where you lived, how you were disciplined, how your family communicated, etc.: _____

Has any member of your family been in foster care? Yes No

If yes, who was in care and for how long? _____

Have you ever been licensed to provide foster care or adoption with another Child placing agency? Yes No

If yes, with what Child Placing Agency and dates of licensure? _____

How would you handle the financial situation if your foster care stipend check failed to arrive when expected?

What methods of discipline do you think are appropriate for children? _____

Describe any experience you have in working with children who have emotional, physical, or behavioral problems and what you have learned from that experience: _____

Have you ever taken anyone into your home for an extended period of time?

Yes No

If so, please explain: _____

Describe a typical week for you, including what you do in your spare time: _____

Do you consume alcohol, tobacco, and /or drugs?

Yes No

If yes, please described the usage and frequency: _____

How do you deal with your frustration and anger towards other people, in particular, children and adolescents?

How do you respond to being supervised by another person? _____

How do you believe supervision could help you? _____

How would your lifestyle change with a foster child in your home? _____

What do you think would make a child:

Runaway? _____

Hurt him/herself or someone else? _____

Damage Property? _____

Have a tantrum? _____

What could you do to prevent some of the above situations? _____

SUBJECTIVE QUESTIONS

My family raised me to value:

1. _____
2. _____
- 3: _____

My three greatest strengths are:

- 1 _____
2. _____
- 3: _____

My three greatest weaknesses are:

1. _____
2. _____
- 3: _____

The worst part of my adolescence was: _____

I expect a child in my care to: _____

I can tell when I am burned out when: _____

I want to learn more about: _____

REFERENCES

FAMILY MEMBER

Name: _____ Email: _____

Address: _____ Phone: (____) _____ - _____

NON-FAMILY MEMBER (must have two that are associated with you in the community):

Name: _____ Email: _____

Address: _____ Phone: (____) _____ - _____

Name: _____ Email: _____

Address: _____ Phone: (____) _____ - _____

CO-WORKER/EMPLOYER (3rd Non-Family if Self Employed):

Name: _____ Email: _____

Address: _____ Phone: (____) _____ - _____

I affirm that the information provided on this application is true, correct, and completed to the best of my knowledge and belief. I acknowledge that any false or misleading statements willfully or knowingly made to Mindful Missions of SC, or failure to disclose material facts can result in a denial of licensure.

Applicant Signature

Date

Mindful Missions of SC
BEHAVIOR TOLERANCE CHECKLIST

This sheet is to be completed as part of your licensing procedure. This list will be reviewed with the COC worker and specific areas will be discussed. It will be used in the consideration of future placements.

Check the column which best describes your family’s reaction to each item and your ability to work with such behaviors and issues. Make additional comments if appropriate. If providers differ in their opinion, they may check different columns and designate “1” and “2”

BEHAVIOR	COULD HANDLE	COULD POSSIBLY	WOULD NOT HANDLE	QUALITY, DEGREE, EXTENT, OR ADDITIONAL COMMENTS.
DEPRESSION				
WITHDRAWL				
DESTRUCTION OF PROPERTY				
SELF INJURIOUS BEHAVIOR				
HYPERACTIVITY				
DEFIANCE				
VERBAL AGGRESSION				
PHYSICAL AGGRESSION				
SEVERE PHYSICAL HANDICAP				
LEARNING DIFFICULTIES				
NERVOUS MANNERISMS				
MENTAL RETARDATION				
SPEECH IMPEDIMENT				
CRYING OR WHINNING				
SUICIDAL THOUGHTS				
TALKING BACK				
POOR HYGIENE HABITS				
OVEREATING				
ANOREXIA/BULIMIA				
RUNNING AWAY				
SWEARING				
SMOKING (CIGARETTES,ETC.)				
FIGHTING				
STEALING				
ALCOHOL				
OTHER DRUG/ CHEMICAL ABUSE				
SEXUAL ACTING OUT				
MASTERBATION				
ENURESIS (BEDWETTING)				
ENCOPREIS (UNCONTROLLABLE BOWL MOVEMENTS)				
PREGNANCY				
TEMPER TANTRUMS				
LYING				

**RIGHT OF REFUSAL TO DENY LICNEUSRE AND FREE REIMBRUSEMENT
ACKNOWLEDGEMENT**

Mindful Missions of SC reserves the right to deny licensure of foster care or adoption applicants at any time during the licensing process.

Foster and Adoptive Parents who apply with Mindful Missions of SC apply as potential providers to be licensed by Mindful Missions of SC. The licensing procedure is a “process” that involves many steps and has many requirements. Some of the steps include an FBI check, home study, training, background check and home inspections. Every step and requirement is an opportunity for Mindful Missions of SC to evaluate the applicants to determine if the applicants are a good fit for our agency and can meet the needs of the children we serve. Mindful Missions of SC reserves the right to deny potential foster and adoption applicants at any time during the licensing process.

Mindful Missions of SC is not responsible for any lost work or wages for the time or effort the applicant spends to go through the licensing process, regardless of whether or not the licensure occurs.

In addition, as part of the licensing process, there are certain requirements to include: FBI background checks, Fire Inspections, Health Inspections and TB testing that incur a cost to the applicants. Mindful Missions of SC reimburses up to a certain amount for inspection fees and TB testing. The reimbursement amount Mindful Missions of SC will pay can change from year to year based on budgets. Applicants need to inquire and know the current reimbursement for these costs and factor that into their decision to pursue licensure.

Applicants are not to schedule or obtain these requirements that have associated fees, unless specifically instructed to do so by Mindful Missions of SC. The reimbursement amounts provided by Mindful Missions of SC will only be paid to the applicant if Mindful Missions of SC had specifically instructed the applicants to obtain these requirements.

No supplies or repairs that may be required to pass such inspections are paid for by Mindful Missions of SC nor reimbursed to the applicant regardless of whether or not the applicant is licensed.

Applicant Signature

Date

FIRE AND HEALTH INSPECTION ACKNOWLEDGEMENT

As part of the assessment to license a potential foster home, all homes must receive fire and health inspections from the county health department and the city or state fire departments. Once licensed, these inspections are required to be repeated every two (2) years for regular homes and for group homes, once every year.

Mindful Missions of SC will reimburse homes for some of the cost of the inspections. Inspection fees range by city and county and the amount Mindful Missions of SC will reimburse can change based on budgets. Please inquire about what the current inspection fee reimbursement is and factor that in to your decision to pursue licensure.

For new potential homes, this reimbursement is done after the home is officially licensed or denied and for current homes, once the inspection reports have been turned in to Mindful Missions of SC reimburses for the inspection fee cost only. Mindful Missions of SC does not pay or reimburse for anything that is required to be done to your home to pass these inspections such as having fire alarms, fire extinguisher or repair and maintenance that the inspectors feel is needed on your home.

Common things needed to pass inspections:

For Fire:

- Fire Extinguisher (5lbs) one each floor of the home
- Fire Alarms on each floor if 2 story
- Carbon Monoxide detector if home is equipped with gas.
- A/C unit serviced or checked out by AC Company.

For Health:

- First Aid kit
- Child cover protectors on electrical outlets

Applicant Signature

Date