

## CWS Respite Services Provider Application

### RESPITE CARE PROVIDER REQUIREMENTS UNDER WELFARE & INSTITUTIONS CODE (WIC) 16501.01

**The following requirements must be satisfied in order to be approved as a county respite care provider:**

- Building and Ground Inspection
- Criminal History Check
- Department Of Motor Vehicles (DMV) check
- Child Abuse Central Index (CACI) Check
- Child Welfare Services/Case Management System (CWS/CMS) Systems Records Clearance
- Training
- Assessment

**WIC 16501.01 requires Criminal Background checks for all adults in the respite provider home and a Building and Ground Inspection and allows for county established standards.**

Prospective Respite Provider Applicant			Respite Coordinator Use Only
Household Language:			Live Scan Date: <ul style="list-style-type: none"> <li>• DOJ:</li> <li>• FBI:</li> <li>• CACI:</li> </ul> CWS/CMS: Megan's Law: DMV:
Applicant Name:	Gender:		
Alias:			
Have you resided out of state in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what city and state:			
DOB:	SSN:	California Driver's License (CDL):	
Place of Birth: Country/State/City:		Phone Number:	
Home Address:			
City:	Zip Code:		

Other Adult in Respite Provider Home			Respite Coordinator Use Only
Adult Name:	Gender:		Live Scan Date: <ul style="list-style-type: none"> <li>• DOJ:</li> <li>• FBI:</li> <li>• CACI:</li> </ul> CWS/CMS: Megan's Law: DMV:
Alias:			
Have you resided out of state in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what city and state:			
DOB:	SSN: -	CDL:	
Place of Birth: Country/State/City:		Phone Number:	

Other Adult in Respite Provider Home			Respite Coordinator Use Only
Adult Name:	Gender:		Live Scan Date: <ul style="list-style-type: none"> <li>• DOJ:</li> <li>• FBI:</li> <li>• CACI:</li> </ul> CWS/CMS: Megan's Law: DMV:
Alias:			
Have you resided out of state in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what city and state:			
DOB:	SSN:	CDL:	
Place of Birth: Country/State/City:		Phone Number:	
If more than three adults in respite provider home, please include in Questionnaire Section Below.			

Children Residing in Respite Provider Home		
Name:	DOB:	Relationship to Respite Provider:
Name:	DOB:	Relationship to Respite Provider:
Name:	DOB:	Relationship to Respite Provider:
Name:	DOB:	Relationship to Respite Provider:
Do the children in your home have any special care needs; (e.g. medical or mental health needs) or juvenile delinquency matters that could affect your ability to provide respite care?		
Additional Information:		

## Questionnaire

1. Do you have Respite Care Service experience? ☐ Yes ☐ No If yes, explain:
2. Are you a current respite provider for another Agency? ☐ Yes ☐ No
  - a. If yes, what Agency?
  - b. If yes, will you continue to provide respite services for that other Agency ☐ Yes ☐ No
3. Do you have experience working with children with trauma related behaviors, such as language delays, sadness, irritability, anger, unable to focus, special care needs, medical or mental health needs, dangerous propensities, or other concerns or conditions? ☐ Yes ☐ No If yes, explain:
4. Do you have trauma informed care training? ☐ Yes ☐ No Have you been previously approved as a relative or nonrelative extended family member caregiver (or care provider?)? ☐ Yes ☐ No
7. Have you been previously licensed or approved to provide foster care? ☐ Yes ☐ No
8. Have you previously been or are currently licensed to operate a childcare center or family childcare home? ☐ Yes ☐ No
9. Is your car insured and in good working condition? ☐ Yes ☐ No
10. Do you have a valid driver's license? ☐ Yes ☐ No
11. Do you have an appropriate car seat (not expired)? ☐ Yes ☐ No
12. Do you or does anyone in your home (adults or minors) have criminal history? ☐ Yes ☐ No
  - a. If yes, explain:
13. Do you or other adults in your home ( ) have Child Welfare history? ☐ Yes ☐ No
  - a. If yes, explain:
14. Who is your emergency contact?
  - a. Name:
  - b. Phone Number:
  - c. Relation to you:
15. Are you willing to work and cooperate with a Child Welfare Services Social Worker (SW) to ensure the safety and well-being of the child under your respite care? (There may be circumstances in which a SW may need to see the child you are providing respite care for.) ☐ Yes ☐ No

Additional information you would like to provide:

## Building and Grounds Questions

Home (If providing  
Respite Services in Your  
Home)

1. Are there bars on your windows? ☐ Yes ☐ No
  - a. If yes, do they have quick releases from the inside? ☐ Yes ☐ No
2. Is there a pool/spa/pond/bodies of water on your property? ☐ Yes ☐ No
  - a. If yes, is there a pool fence or cover? ☐ Yes ☐ No
  - b. Does the pool fence meet the safety requirements per Health & Safety Code 115923 (e.g. Minimum 60 inches in height, self-closing, self-latching, and gaps no greater than 4")? ☐ Yes ☐ No
3. Do you have guns/weapons in your home? ☐ Yes ☐ No
  - a. If yes, how many guns/weapons are in your home?
  - b. Are you willing to allow the Respite Coordinator to verify the storage and location of the guns/weapons to ensure proper storage? ☐ Yes ☐ No
  - c. Are the guns and ammunition stored separately? ☐ Yes ☐ No
  - d. If yes, where are they stored?
  - e. Can all storage locations be locked? ☐ Yes ☐ No
  - f. Who has access?
  - g. Are your guns stored with a trigger lock or have the firing pin (s) been removed? Explain:
4. Are there any possible hazards inside or outside your home environment? (e.g. unfinished construction, tools, broken windows) ☐ Yes ☐ No
5. How many bedrooms does your home have?
6. Is there a bed available for the child (ren) with mattress and linens for overnight respite care? (no inflatable mattress or portable crib are permitted) ☐ Yes ☐ No
7. Does your home have a fireplace? ☐ Yes ☐ No
  - a. If yes, does it have a screen or cover? ☐ Yes ☐ No
8. Does your home have a functioning smoke detector and Carbon Monoxide detector? ☐ Yes ☐ No
9. Do you have pets? ☐ Yes ☐ No
  - a. If yes please specify:
10. Do you have a first aid kit? ☐ Yes ☐ No
11. Are your medicines, cleaners, poisons, and other dangerous items inaccessible to the child (ren)? ☐ Yes ☐ No
  - a. Where are they stored?

**RELEASE OF RESPITE PROVIDER CONTACT INFORMATION FOR SERVICES**

*“Individuals who wish to provide respite services through the County of San Diego Child Welfare Services Respite Services Program agree to the release of their name and contact information with approved caregivers who are requesting respite. This information may be released by the County electronically when requested for matching purposes.”*

I Agree ☐

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RESPITE COORDINATOR USE ONLY**

Respite Coordinator:

Application Date Received:

Notes: