

CWS Respite Services Provider Application

RESPITE CARE PROVIDER REQUIREMENTS UNDER WELFARE & INSTITUTION 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
<i>Household Language:</i>		<i>Live Scan Date:</i>	
<i>Applicant Name:</i>		<i>Gender:</i>	<i>DOJ:</i>
<i>Alias:</i>		<i>FBI:</i>	
<i>Have you resided out of state in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No.</i>		<i>CACI:</i>	
<i>If yes, what city and state:</i>		<i>CWS/ CMS:</i>	
<i>DOB:</i>	<i>SSN:</i>	<i>CA Driver's License</i>	<i>Megan's Law:</i>
<i>Place of Birth: County/ State/ City:</i>		<i>Phone Number:</i>	<i>DMV:</i>
<i>Home Address:</i>			
<i>City:</i>	<i>State:</i>	<i>Zip code:</i>	

Other Adult in Respite Provider Home			Respite Coordinator Use Only
<i>Adult Name:</i>	<i>Gender:</i>		<i>Live Scan Date:</i>
<i>Alias:</i>			<i>DOJ:</i>
<i>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:</i>			<i>FBI:</i>
<i>DOB:</i>	<i>SSN:</i>	<i>CDL:</i>	<i>CACI:</i>
<i>Place of Birth: Country/ State/ City:</i>		<i>Phone Number:</i>	<i>CWS/ CMS:</i>
			<i>Megan's Law:</i>
			<i>DMV:</i>

Other Adult in Respite Provider Home			Respite Coordinator Use Only
<i>Adult Name:</i>	<i>Gender:</i>		<i>Live Scan Date:</i>
<i>Alias:</i>			<i>DOJ:</i>
<i>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:</i>			<i>FBI:</i>
<i>DOB:</i>	<i>SSN:</i>	<i>CDL:</i>	<i>CACI:</i>
<i>Place of Birth: Country/ State/ City:</i>		<i>Phone Number:</i>	<i>CWS/ CMS:</i>
			<i>Megan's Law:</i>
			<i>DMV:</i>

Children Residing in Respite Provider's Home		
<i>Name:</i>	<i>DOB:</i>	<i>Relationship to Respite Provider</i>
<i>Name:</i>	<i>DOB:</i>	<i>Relationship to Respite Provider</i>
<i>Name:</i>	<i>DOB:</i>	<i>Relationship to Respite Provider</i>
<i>Name:</i>	<i>DOB:</i>	<i>Relationship to Respite Provider</i>
<i>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?</i>		

QUESTIONNAIRE

1. Do you have Respite Care Service experience? Yes No.

a. 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

a. If yes, explain:

4. Do you have trauma informed care training? Yes No

5. Have you been previously approved as a relative or nonrelative extended family member caregiver (or care provider)? Yes No

6. Have you been previously licensed or approved to provide foster care? Yes No

7. Have you previously been or are currently licensed to operate a childcare center or family childcare home? Yes No

8. Is your car insured and in good working condition? Yes No

9. Do you have a valid driver's license? Yes No

10. Do you have an appropriate car seat (not expired)? Yes No.

11. Do you or does anyone in your home (adults or minors) have criminal history? Yes No

a. If yes, explain:

12. Do you or other adults in your home have Child Welfare history? Yes No

a. If yes, explain:

13. Who is your emergency contact?

a. Name: _____

b. Phone Number: _____

c. Relation to you: _____

14. 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 INSPECTION

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? Yes No
 - 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/ children 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/ children? 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: