

**THE GRODEN CENTER, INC.
PROFESSIONAL FAMILY LIVING ARRANGEMENT
610 MANTON AVENUE
PROVIDENCE, RI 02909**

**Professional Family Living Arrangement (PFLA)
Application for PFLA Employment**

APPLICANT #1: Last Name				First	Middle	Maiden:
Address						
City		State	Zip	Home Phone:		Cell phone:
D.O.B.		S.S.#		Gender	E-MAIL ADDRESS:	
Ethnicity		Religious Affiliation			Place of birth	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						
Date Married:		Date divorced/separated:				
Employer			Work hours/Schedule		What is your occupation?	
Work address			Work phone			
APPLICANT #2: Last Name				First	Middle	Maiden:
Relationship to Applicant #1:				E-MAIL ADDRESS:		
D.O.B.		S.S.#		Gender	Cell phone	
Ethnicity		Religious Affiliation			Place of birth	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						
Date Married:		Date divorced or separated:				
Employer			Work hours/Schedule		What is your occupation?	
Work address			Work phone			
Children living with you:					Relationship (Natural/Adopted/Foster) Whose child? Applicant #1, #2 or both?	
Name:		DOB/AGE/SEX	Grade/School Attending/Occupation			
Children not living with you					Relationship (Natural/Adopted/Foster) Whose Child? Applicant #1, #2, or both?	
Name:		DOB/AGE/SEX	Grade/School Attending/Occupation			

Other members of your household		
Name	DOB/AGE/SEX	Relationship to you
APPLICANT # 1 Employment History of past three years:		
Employer :	Address:	Occupation: Dates: Reason left:
APPLICANT #2 Employment History of past three years:		
Employer:	Address:	Occupation: Dates: Reason left:
Do you own your own home? If no, name & address of landlord:		
Applicant's 1 & 2 addresses for past 3 years:		Owner/Landlord
APPLICANT #1 Education/Training:		APPLICANT #1 College/Vocational Training:
High School:		Name of College/Vocational Training:
Address:		Address:
Dates attended:		Dates attended:
Did you graduate?		Did you graduate?
Degree/area of training:		Degree/area of training:
APPLICANT #2 Education/Training:		APPLICANT #2 College/Vocational Training:
High School:		Name of College/Vocational Training:
Address:		Address:
Dates attended:		Dates attended:
Did you graduate?		Did you graduate?
Degree/area of training:		Degree/area of training:
Yes	No	Have you, applicant #1, or applicant #2, or any member of your household had any previous involvement with Department of Children, Youth, and Families? If yes, please explain:
Yes	No	Have you, Applicant #1, or applicant #2, applied for foster care license before today? If yes, please explain.
Yes	No	Have you, applicant #1, or applicant #2, or any member of your household ever been involved with, arrested or charged by the police or been arraigned, indicted, or convicted of any offense? If yes, please explain:
Yes	No	Have you, applicant #1, or applicant #2, or family member had any history of drug or alcohol abuse? If yes, please explain: (Please include whether or not treatment was sought and current status)

Yes No Do you, applicant #1 or applicant #2 have any physical handicap or physical or mental illness that you think might interfere with your ability to care for a foster child? If yes, please explain: *(Please include any treatment and current status)*

Yes No Do you, applicant #1, or applicant #2, or any members of your family have any psychiatric history? If yes, please explain: *(Please give hospital names, dates of hospitalization, type of treatment received and current status):*

Yes No Do you, applicant #1, or applicant #2, or any members of your family have a history of physical or sexual abuse? If yes, please explain: *(describe treatment and current status)*

Yes No Have any of applicant #1 or applicant #2's children ever been placed in foster/adopt care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility? If Yes, please explain: *(give dates and names of facilities)*

Yes No Do you, applicant #1 and applicant #2, expect any change in marital status, employment, family size or place of residence within the next year? If yes, please explain:

What year was your home built? Do you have a remote boiler switch? What is square footage?
Yes No Was home lead inspected? If so, when?

Yes No Are there any weapons, explosives, or dangerous substances stored in your home? If yes, please explain how they are stored:

Yes No Are you willing to support and help coordinate meetings with the biological family of the child placed with you and provide training in behavioral management that you have learned from our program? If No, please explain:

Please list all physicians with whom your family is involved:

Physician	Address	Family member	Reason

Please list any medications and their purpose for applicant #1 and applicant #2 and/or your children:

What is your preference for the child that you would be willing to take into your home?

Age range:

Gender:

Religion:

Race:

Explain any experience or training that you have had with children who have special needs?

Have you ever cared for a child in your own home that is not related to you by blood or marriage?

If yes, please explain:

Briefly describe the sleeping arrangements for the foster child: Where will the child sleep? Will he/she be sharing a room? What is the age of the child the foster child would be sharing a room with?

List any pets, (if dog, please describe what kind of dog) and their names and include whether they are indoor or outdoor animals:

- 1.
- 2.
- 3.
- 4.

Yes No Do you have documentation that pets are up to date with vaccinations?

Yes No Is your yard fenced?

Yes No Do you have any play equipment in the yard or near to your home? If yes, please explain:

Yes No Does either applicant smoke? (cigar, cigarettes, pipe) If yes, what do you smoke and how often?

Yes No Does Applicant #1 drink alcohol? If yes, what do you drink and how often?

Yes No Does Applicant #2 drink alcohol? If yes, what do you drink and how often?

Yes No Is there a pool or body of water on your property? If yes, how is it secured?

Please list any special skills or languages:

Why do you, Applicant #1 want to be a Treatment foster parent?

Why do you, Applicant #2 want to be a Treatment foster parent?

PFLA Provider Job Description

General Duties: Provision of care and Treatment programming (in the PFLA home) to clients with behavior disorders and other developmental disabilities who are in need of placement outside of their natural home. Assist in coordination of client's overall program through routine contacts with the client's natural family, school, and social service providers.

Some Specific Responsibilities:

Must be cleared by DCYF, have no disqualifying information obtained through fingerprints and a BCI, physician clearance

Completion of PFLA training during pre-placement and placement phases.

Participation in assessment of client's skills and behaviors in the home and reporting.

Participation in the development of programs for home and community.

Implementation of home and community treatment program plans.

Communication with and training with client's natural family (per client's treatment plan).

Provision of safe, nurturing, and positive living environment.

Provision of opportunities for appropriate peer interactions.

Communication of information between school, home, and other agencies.

Care of client's clothing.

Maintenance of a healthy and safe environment in accordance with designated standards and regulations.

Maintenance of comprehensive home and medical insurance plans.

Transportation of client to appointments, meetings etc.

***PLEASE FILL OUT FINANCIAL INFORMATION FORM ATTACHED**

PLEASE READ CAREFULLY AND SIGN BELOW

I/We, the undersigned, attest that the information contained in this application is complete and accurate. I/We understand that any false representation on this application may be cause for denial of the license that is sought or removal of any child placed in my home.

I/We have read the above job description and agree to perform all of the responsibilities that are outlined. I understand that I/we am responsible for adhering to the Center's policies and procedures, including but not limited to the employee Code of Ethics and guidelines for Child Rights and Safety. Any deviation from the guidelines can result in disciplinary action and/or removal of the child from my home.

I/We further understand that all adult members of my/our household will be cleared through the Division of Criminal Identification and/or local law enforcement authority, the records of the RI Department of Children, Youth, and Families, the immigration authority, and the Motor Vehicles Department. In addition, I/we will understand that a home study and fire inspection will be completed to determine my/our eligibility for foster parent licensure, and that I/We must supply the required references and complete required training prior to a child being placed in my/our home.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____