

FAMILY COUNSELLING CENTRE OF BRANT, INC.
 FAMILY RELIEF SERVICES
 HOST FAMILY PROGRAM
 APPLICATION – RELIEF PARENT(S)

SECTION 1

1. NAME: _____ D.O.B. _____
 2. ADDRESS: _____
 3. HOME #: _____ BUSINESS: _____
 CELL: _____
 4. MARTIAL STATUS: _____ OCCUPATION: _____
 5. DO YOU HAVE ANY CHILDREN? YES _____ NO _____

NAME	D.O.B d/m/y	SEX	LIVING @ HOME (Y/N)

6. LANGUAGE(S) SPOKEN FLUENTLY, OTHER THAN ENGLISH: _____

7. DO YOU HAVE ACCESS TO A CAR? YES _____ NO _____

SECTION 2

8. NAME OF SPOUSE: _____ D.O.B. _____
 9. OCCUPATION: _____
 10. ARE THERE ANYOTHER ADULTS LIVING IN THE HOME?
 YES _____ NO _____

NAME	RELATIONSHIP	D.O.B. m/d/y

11. PLEASE INDICATE YOUR TYPE OF ACCOMADATION (ie. townhouse, apartment, house, etc.) _____

12. DO YOU HAVE ANY PETS? YES _____ NO _____ (if yes, please indicate) _____

13. DO YOU FEEL YOU HAVE SPACE TO ACCOMODATE A CHILD OR ADULT IN YOUR HOME? YES ___ NO ___ (If yes, please elaborate sleeping arrangements, play area's etc.) _____

14. HOW DID YOU LEARN ABOUT THIS SERVICE?

15. PLEASE INDICATE ANY EXPERIENCE AND/OR EDUCATION THAT YOU AND YOUR SPOUSE (IF APPLICABLE) HAVE HAD THAT YOU FEEL WOULD BE RELEVANT IN PROVIDING THIS TYPE OF SERVICE.

16. IS YOUR HOUSE SMOKING _____ OR NON SMOKING? _____

17. IS YOUR HOME ACCESSIBLE? YES ___ NO ___

18. PLEASE DESCRIBE ANY PERSONAL QUALITIES AND/OR ATTRIBUTES THAT YOU AND YOUR SPOUSE (IF APPLICABLE) FEEL YOU POSSESS WHICH WOULD BE AN ASSET IN BECOMING A RELIEF PARENT(S)

19. PLEASE OUTLINE YOUR REASON FOR WANTING TO BECOME A RELIEF PARENT(S)

20. PLEASE INDICATE BELOW THE AGE GROUPS FOR WHICH YOU WOULD PREFER TO PROVIDE SERVICES (Please Check)

Infants	_____	Not Sure	_____
Preschoolers	_____	No Preference	_____
School Age Children	_____	Adults	_____
Adolescents	_____		

Female _____ Male _____

21. WHEN WOULD YOU BE AVAILABLE TO PROVIDE RESPITE SERVICES? (Please Check)

Anytime	_____	Days Only	_____
During the Week Only	_____	Evenings Only	_____
Summer Only	_____	Weekends	_____
Other (please elaborate)	_____		

22. ARE YOU OR HAVE YOU BEEN INVLOVED WITH C.A.S.?
YES ___ NO ___

23. DO YOU OR WILL YOU BE DOING: DAYCARE YES ___ NO ___
PERMANENT BABYSITTING YES ___ NO ___

REFERENCES

Name: _____
Address: _____
Phone #: _____

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