



## Host Family Application

DATE: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_  
SUPERVISING AGENCY: CAFA  
ASSESSMENT STAFF: \_\_\_\_\_  
STAFF CONTACT PHONE: \_\_\_\_\_

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### APPLICANT #1

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Birth: \_\_\_\_\_  
(Date) (Place)  
Race/Ethnicity/Nationality: \_\_\_\_\_  
Languages spoken: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

### APPLICANT #2

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Birth: \_\_\_\_\_  
(Date) (Place)  
Race/Ethnicity/Nationality: \_\_\_\_\_  
Languages spoken: \_\_\_\_\_ Email address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

### Employment

#### Applicant 1:

Current/Last Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

	<u>Name/Location</u>	<u>Dates</u>	<u>Reason for leaving</u>
Employer:	_____	_____	_____
	_____	_____	_____

Applicant 2:  
Current/Last Employer: \_\_\_\_\_  
Title: \_\_\_\_\_

Location: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_

	<u>Name/Location</u>	<u>Dates</u>	<u>Reason for leaving</u>
Employer:	_____	_____	_____
	_____	_____	_____

**CHILDREN:**

(Names, ages, schools, grades, ect.)	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Children's view of having a Safe Family guest in your home: \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS OPERATION ON PREMISES:**

Does Applicant operate a business from the residence?  Yes  No

If yes, describe how your home business would impact a hosting:  
\_\_\_\_\_

**TRANSPORTATION**

Will household vehicles be used to transport children?  Yes  No

Does the applicant(s) have proof of insurance and a valid driver's license for vehicles used to transport children?

Yes  No, explain: \_\_\_\_\_

Describe alternative transportation plan if family does not own operating vehicle: \_\_\_\_\_  
\_\_\_\_\_

**Religion/Spiritual Experience**

Which, if any of the following does your family participate in?

Regular Church Attendance      Name of Church: \_\_\_\_\_

Home Bible Study       Awanas       Service Activities \_\_\_\_\_

Other: \_\_\_\_\_

**HOME DESCRIPTION: (Check all that apply.)**

Construction:  Apartment Building  Condominium  Duplex  
 Single Family Home  Mobile Home  Military  
 One story  Two or More Stories  Bi-Level  
 Basement  Other: \_\_\_\_\_

Indoor Space:  Basement with Walkout  Attic  One Bedroom  
 Two Bedrooms  Three Bedrooms  Four or more Bedrooms  
 Handicapped Accessible  Other: \_\_\_\_\_

Outside Space:  Porch  Deck  Shed/Barn  Pool/Pond/Lake  
 Patio  Hot Tub  Fenced Yard  Detached Garage  
 Play Equipment  Handicapped Accessible

Arrangement:  Rent  Own

**Description of Home-Sleeping Arrangements**

(\*Indicate where children sleep, including Host child)

ROOM	FLOOR/LEVEL	NAME OF OCCUPANTS (If occupied)	TYPES OF BEDS FOR CHILDREN Crib, Single, Double, Bunk
1. <u>Master Bedroom</u>	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Home Environment**

Are there pets in the home?  Yes  No  
 If yes, please describe \_\_\_\_\_  
 Do they meet all city and county ordinance requirements?  Yes  No  
 Is the Pet friendly to children?  Yes  No, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 Are there any firearms or weapons in the house?  Yes  No  
 If yes, please describe the type and purpose for being in the home \_\_\_\_\_  
 \_\_\_\_\_  
 Where are the firearms stored? \_\_\_\_\_  
 Is there a pool/open water?  Yes  No If yes, is it fenced?  Yes  No

Safe Families for Children (SFFC) Staff Notes:

**FAMILY BACKGROUND AND HISTORY:** *(Discuss life experience and family relationships, general understanding of the family history, structure, organization and culture. Has there been any history of domestic violence?)*

Applicant 1

Which of the following has occurred in your family origin?

- Domestic Violence    Child Abuse    Divorce    Mental Illness    Substance Abuse  
 Traumatic Events    Other, please explain: \_\_\_\_\_

Applicant 2

Which of the following has occurred in your family origin?

- Domestic Violence    Child Abuse    Divorce    Mental Illness    Substance Abuse  
 Traumatic Events    Other, please explain: \_\_\_\_\_

**Education:**

Applicant 1

Highest level of school completed:

- 11th grade or under  
 High School diploma or GED  
 Some college  
 BA/BS  
 Graduate school

Applicant 2

Highest level of school completed:

- 11<sup>th</sup> Grade or under  
 High School Diploma or GED  
 Some College  
 BA/BS  
 Graduate School

**Childhood: (Discuss upbringing, family relationship, who raised you, siblings, family rules.)**

Applicant 1

Applicant 2

**Discipline in applicants' family of origin:**

Applicant 1

- Time-outs    Spanking    Loss of privileges    Grounding    Other: \_\_\_\_\_

Was punishment excessive?    No    Yes, please explain: \_\_\_\_\_

Applicant 2

- Time-outs    Spanking    Loss of privileges    Grounding    Other: \_\_\_\_\_

Was punishment excessive?    No    Yes, please explain: \_\_\_\_\_

**SFFC Staff Notes:**

**Current family relationships:**

Current Marriage:

Years Married: \_\_\_\_\_ How did you meet?

Strengths in Marriage:

Weaknesses in Marriage:

Previous Marriages: Husband:  Yes  No Wife:  Yes  No Number of children from previous marriage: \_\_\_\_\_

**Values and beliefs of your family:** *(what's important to your family?)*

**Cultural Experiences and Values:** *(Discuss any experiences with different cultures, discrimination, and prejudice during childhood and adulthood.)*

**Support System: Contact with Family, Friends, and Neighbors (Frequency):**

Extended Family:  Daily  Weekly  Monthly

Neighbors:  Daily  Weekly  Monthly

Your Church Members:  Daily  Weekly  Monthly

Who can help with childcare? \_\_\_\_\_

If you had a crisis, who would you call? \_\_\_\_\_

**Neighborhood and Community Resources:**

What resources are in your community (parks, libraries, etc): \_\_\_\_\_

Briefly describe your neighborhood (Safety, support)

**SFFC Staff Notes:**

**OTHER ISSUES:**

Applicant 1:

Have you ever been convicted of child abuse?  Yes  No

Have you ever been arrested?  Yes  No Have you ever been convicted of a felony?  Yes  No

Have you ever been involved in a domestic violence incident?  Yes  No

Have you ever had a substance abuse or alcohol problem?  Yes  No

Have you ever had mental health problems?  Yes  No

Do you have health problems that impact your care giving role?  Yes  No

Do you smoke?  Yes  No

Applicant 2:

Have you ever been convicted of child abuse?  Yes  No

Have you ever been arrested?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been involved in a domestic violence incident?  Yes  No

Have you ever had a substance abuse or alcohol problem?  Yes  No

Have you ever had mental health problems?  Yes  No

Do you have health problems that impact your care giving role?  Yes  No

Do you smoke?  Yes  No

**SUPPORT OF BIRTH PARENTS:**

Are you interested in developing a relationship with the parent of the child in your care? Yes No

What age and how many children are you interested in having in your home? \_\_\_\_\_

**MOTIVATION:** (Discuss reasons for wanting to become part of the Safe Family Program)

**References:** (Please list three non-familial individuals and give them reference forms to fill out and send back.)

Name	Primary Phone Number	Relationship to Applicants
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**SFFC Staff Notes:**