



Parent Therapist Application Form

Name of Applicant(s): _____ Date of Application: _____

Address of Applicant(s): _____

Telephone: _____ E-mail: _____

Were you referred by anyone in our company? Yes No

If "Yes" please state their name; _____

How did you hear about us i.e. newspaper, friend, web etc.? _____

Identifying Information

Primary:

Full Name (as on Birth Certificate): _____ Date of Birth: _____

Place of Birth: _____ Cultural Heritage: _____

Religion: _____ Languages Spoken: _____

Height: _____ Weight: _____

Historical Medical Issues: _____

Current Medical Issues: _____

Historical Mental Health Issues: _____

Current Mental Health Issues: _____

Highest Level of Formal Education: _____

Year Completed: _____ Additional Courses: _____

Formal Training: _____

Volunteer Experiences: _____ Interests & Hobbies: _____

Present Employer: _____ Length of Employment: _____

Relative Employment Experiences: _____



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Ever been fired from an employment position? If yes, please state details.

Primary - Family Background

Name of Father: _____

Date of Father's Birth: _____

Highest level of education completed: _____

Occupations: _____

Any medical/mental health issues? _____

Description of Personality: _____
(Brief)

Personal Strengths: _____

Personal Weaknesses _____

Name of Mother: _____ Date of Mother's Birth: _____

Highest level of education completed: _____

Occupations: _____

Any medical/mental health issues? _____

Description of Personality: _____
(Brief)

Personal Strengths: _____

Personal Weaknesses: _____

Has either parent -- Died? Divorced? Remarried?

If so, which parent? _____ When? _____



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Comments, if any: _____

Brothers & Sisters

Age	Sex	Marital Status	# of Children	Occupation
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

Has any member of your family been convicted of a criminal offence? Yes No
(The possession of a criminal record will not prevent consideration of this application.)

If yes, please give details: _____

Is any member of your family presently under a Doctor's care for mental health issues?

If yes, please give details: _____

Identifying Information

Secondary:

Full Name (as on Birth Certificate): _____

Date of Birth: _____ Place of Birth: _____

Cultural Heritage: _____ Religion: _____

Languages Spoken: _____ Height: _____ Weight: _____



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Historical Medical Issues: _____

Current Medical Issues: _____

Historical Mental Health Issues: _____

Current Mental Health Issues: _____

Highest Level of Formal Education: _____ Year Completed: _____

Additional Courses: _____

Formal Training: _____

Volunteer Experiences: _____

Interests & Hobbies: _____

Present Employer: _____ Length of Employment: _____

Relative Employment Experiences: _____

Ever been fired from an employment position? If yes, please state details. _____

Secondary - Family Background

Name of Father: _____ Date of Father's Birth: _____

Highest level of education completed: _____ Occupations: _____

Any medical/mental health issues? _____

Description of Personality: _____
(Brief)

Personal Strengths: _____

Personal Weaknesses: _____



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Name of Mother: _____ Date of Mother's Birth: _____

Highest level of education completed: _____ Occupations: _____

Any medical/mental health issues? _____

Description of Personality: _____
(Brief)

Personal Strengths: _____

Personal Weaknesses: _____

Has either parent -- Died? Divorced? Remarried?

If so, which parent? _____ When? _____

Comments, if any: _____

Brothers & Sisters

Age	Sex	Marital Status	# of Children	Occupation
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

Has any member of your family been convicted of a criminal offence? Yes No
(The possession of a criminal record will not prevent consideration of this application.)

If yes, please give details: _____

Is any member of your family presently under a Doctor's care for mental health issues? Yes No
If yes, please give details: _____



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Relationship of Applicant(s)

Is the current relationship a marriage, girlfriend/boyfriend relationship? _____

Length of Relationship: _____ Any significant separations? _____

Any children from this relationship? If so, please include their names and ages.

Name _____ & Age: _____

Name _____ & Age: _____

Name _____ & Age: _____

Are there any other individuals that reside in the family home? _____

Previous marriages for either partner?, If so, date of divorce. _____

Any children from previous marriages and/or relationships? _____

Current Living Accommodations

Type of Accommodation: (check one) House Apartment Duplex
If house, are you Owner? Tenant?

Number of Bedrooms _____

Are there schools nearby? Yes Name: _____ No

Are there parks or recreation areas near your house? Yes Name: _____ No

Any safety concerns around your house? Yes No

If yes, please explain: _____

Financial Situation

Annual Employment Income: Husband _____ Wife _____

Any Additional Income? _____



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Please list assets:

Please list debts

Life Insurance? **Yes** Amount _____ **No** Medical Insurance? **Yes** Amount _____ **No**

Car Insurance? **Yes** Amount _____ **No**

General Information

Please list reasons for wanting to be a Parent/Therapist.

Husband:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Wife:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Have you applied before or elsewhere for a foster child?

Primary: Yes If yes, where and when? _____ No

Secondary: Yes If yes, where and when? _____ No

Are there any restrictions on the type of the children you are willing to care for?



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Any preferred age group for children placed in your home?

References

Four references are required for employment with Quinte Children's Homes. Please write the name of a family member, two individuals willing to provide personal references and a form will be provided for your family physician to complete regarding your medical health.

	Primary	Secondary
Family Member	_____	_____
Personal	_____	_____
Personal	_____	_____
Name of Physician	_____	_____

Quinte Children's Homes mission is to provide a range of treatment services to children and youth who would benefit from an environment that encourages growth, change and positive interaction in the family, community and within the rights and responsibilities of each individual, by offering programs that develop occupational skills, academic skills, life skills, mutual respect and morality.

The distinctive component of therapeutic foster care is the development and use of Parent/Therapists to provide substitute family life experiences, together with treatment services for the child in a home environment.

Clinical treatment plans to address issues of care through the period of placement are essential for the formulation, evaluation and appropriate modifications. Quinte Children's Homes will provide the treatment services required as well as defining and reviewing goals on a regular basis.

As the applicant(s), the above statements have been read and in making application to receive children into our care in accordance with the terms of a Parent/Therapist Service Agreement to be signed with Quinte Children's Homes Limited, if we are approved to become such a resource. As the applicant(s),



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I/we understand that the provided information in this application will be given to the Clinician employment by Quinte Children's Homes for the completion of a formal Home Study and will be held in strict confidence. Any information provided in the application will not be released to any individual or agency outside of Quinte Children's Homes without written consent from the applicant(s).

The foregoing information is true and complete to the best of our knowledge. We understand that a false statement could disqualify our application.

Date: _____

Signature of Applicant _____ Signature of Applicant: _____