

CARE TO SHARE SUPPORT NETWORK, INC.

Respite Care Recruitment Program

Thank you for registering with Care to Share Support Network's Respite Care Recruitment Program. By being part of this program you will be providing parents who do not have the opportunities to have a night out with their spouse or friends the opportunity to relax while they are away from their home, knowing that their children are being well cared for by YOU .

Your registration begins by filling out this questionnaire (please replace the lines with your answers) and email it back to: tina@caretosharenj.org.

Criteria to be considered for the program:

- You are 16 years or older (15 years of age will be considered with interview)
- You are interested in working with children in a variety of capacities
- You are willing to be trained by families who employ you
- You will attend a CTS orientation
- You will attend the Parent Recruitment Fair on the day it is scheduled

Once your completed registration is reviewed, you will be contacted to attend a CTS group orientation. This process may include:

- Interview with CTS team to determine your eligibility (may be combined with training date)
***PLEASE NOTE: If you attend the training and the CTS team feels you are not appropriately suited for the program you will not be invited back to attend the fair.**
- CPR training (offered if you are not certified and you can attend the date scheduled)
- Waiver of responsibility

After your training is completed you will be given a date for the Parent Interview Night. **Parent Interview Night is MANDATORY if you plan to participate in the program.**

Parents will register to attend this event and have the opportunity to meet the panel of applicants and determine which applicants meet their needs and mini interviews will take place. After the fair, each family and applicant will formalize a mutual agreement and will then be working directly with the family. Care to Share is not accountable for maintaining the relationship.

Thank you for your participation in the program, we look forward to working with you!

Sincerely,



Tina Rear

Care to Share Support Network, Inc.

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908-450-5691

www.caretosharenj.org

CARE TO SHARE SUPPORT NETWORK, INC.
RESPIRE PROVIDER INTAKE FORM

PERSONAL INFORMATION:

1. Your full name (first and last) :
2. Your complete mailing address :
3. Home telephone number:
4. Cell phone :
5. Email address :
6. Are you 16 years of age or older? **YES or NO**
7. Do you have a driver's license? **YES or NO**
8. If **yes**, please list your driver's license number here:

If you answered no, please answer question 9 otherwise skip to question 10

9. If you **do not** have a driver's license – would you be able to provide your own transportation to and from a family's home (please explain)?
10. Level of education completed:
11. Do you smoke cigarettes? **Yes or No**
12. Do you use illegal drugs of any kind? **Yes or No**

If you answered yes, please explain:

13. Do you drink alcohol? **Yes or No**

If you answered yes, how often?

- 14.** Are up CPR certified? **Yes or No**
- 15.** If you are **NOT CPR** certified would you be willing to take the course if it was offered to you free of charge? **Yes or No**
- 16.** Do you have allergies that you might find in a home (i.e.: pets, smoke, dust, etc.):
- 17.** Do you have any medical concerns families should be aware of (i.e.: asthma, migraines, etc):
- 18.** Have ever been convicted or accused of a crime concerning a child? **Yes or No**
- 19.** Have you ever been **accused or convicted** of a crime of ANY KIND? **Yes or No**
- 20.** What days or times might you be available for respite care? (Please list scheduled commitments including school, recreation or other employment).
- 21.** What are your hobbies?
- 22.** What are some of your strengths and how do you feel you could bring those into the lives of the families you support?

EXPERIENCE:

23. Do you have any childcare experience (with or without caring for children with special needs)? -
YES or No (Please list experience)

24. Please list your childcare references here.

Ages How long employed? Parent Name & Telephone # List any special needs

25. How many children do you feel you could care for at one time (with or without special needs)?

26. Do you have any knowledge or experience with the characteristics of the any of the following disabilities? (**Please highlight or circle all that apply**).

Cerebral Palsy

Autism Spectrum Disorders

Fragile Down syndrome

Sensory Integration Dysfunction

Spina Bifida

Schizophrenia/mood disorders

ADHD

Cystic Fibrosis

Muscular Dystrophy

EXPERIENCE, Cont'd:

27. Please **circle or highlight** all aspects of care that you would be comfortable providing for the children you support:

Changing diapers
Physical support with feeding
Support during toileting
Bathing
Dressing
Feeding by G Tube (with training)
Administering medications
Epilepsy (with training)
Children in a wheelchair
Deaf or non-verbal children
Challenging behaviors
Homework
Sports (at home or on an organized team)
Arts & crafts
Instrument/music lessons
Social skills
Transportation
Cooking for the children
Children using braces or other devices
Shadow during activities
Shopping

28. Please list the **age range or gender** of the children you would be most comfortable providing care for (If the range varies based on any physical support needed by the child you can list that next to the criteria above or explain below). **PLEASE BE HONEST**

29. Do you have any other work experiences and references? (Please list details)

30. Do you have salary requirements?

31. Please list any concerns you would like to share or areas we can support you to be successful when caring for children with special needs.

I have answered all the questions honestly and to the best of my ability. I have not withheld any information pertaining to any legal or accusatory actions toward a child, robbery, or theft.

* If completing this document electronically, you may type your name below in place of the signature. Your email and attached application will serve as acknowledgement of completion of the form.

Signature of applicant

Date of signature