

PROGRESSIVE STEPS, INC.

6201 LIBERTY ROAD, SUITE C BALTIMORE, MARYLAND 21244

PHONE: 410-944-6166

FAX: 410-944-6174

JERRY O. PITTMAN, EXECUTIVE DIRECTOR

TREATMENT FOSTER CARE APPLICATION

****Please fill out completely and thoroughly. Use black ink and print legibly****

Date: _____

Check one: Treatment Foster Care ___ Respite ___

APPLICANT 1:

 Last First M.I. Maiden Name D.O.B.

SS# _____ Race _____ Citizenship _____ Martial Status _____ Occupation _____

Address: _____

City, St. Zip: _____

Phone _____ Work _____ Cell _____

PEOPLE LIVING IN YOUR HOME

Name	Relationship	Date of Birth	Social Security #	Occupation
	Self			

What do you and/or your family have to contribute that would make you a good foster home?

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What characteristics of a child would your family most readily accept? (check all that apply)

Multiple physical _____ Medically fragile _____ Emotional disorders _____ Behavior problems _____

Changes will occur within your family once a foster child is placed in your home – how will your family respond?

Does any household member have a physical, mental or chronic illness: If yes, list and explain:

Please provide a driver’s license # and expiration for all drivers in the home (**besides applicants**)

Name: _____ License#: _____ Exp. Date _____
(continue on other side)

APPLICANT 1:

Do you own a car? Yes ___ No ___ If yes, _____
Make Model Year

Driver’s license# (or indicate non-drive _____) Expiration date _____

APPLICANT 2:

Do you own a car? Yes ___ No ___ If yes, _____
Make Model Year

Driver’s license# (or indicate non-drive _____) Expiration date _____

EXPERIENCE WITH CHILD CARE/SPECIAL NEEDS CHILDREN/ADULTS

Are you a licensed Family Day Care Provider? Yes _____ No _____

Have you ever been employed in any capacity working with children? Yes _____ No _____

What position? _____

Have you ever been a Respite Care Provider? Yes _____ No _____

What agency(s) (1) _____ How long _____ (2) _____ How long _____

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(1) Telephone# _____ May we contact this agency? Yes _____ No _____

(2) Telephone# _____ May we contact this agency? Yes _____ No _____

Volunteer experience: _____

ABOUT BECOMING A FOSTER/RESPITE PARENT:

How did you hear about Progressive Steps Treatment Foster Care? _____

How flexible is your present work situation for taking off for the foster child (including, but not limited to school and monthly foster care meetings, medical/therapy appointments, children’s illnesses and emergencies)? Please explain:

Have you ever been approved/participated in training for foster care? Yes _____ No _____

Respite care? Yes _____ No _____

Date of Training: _____

Date of Approval: _____

Name of Agency: _____

Contact Name: _____

Address: _____

Street

City

State

Zip

TRAINING:

What other training or special schooling have you taken (foreign language skills, military training, First Aid, CPR restraint training, sign language, etc.)? Please list dates and give a brief description. Include any professional certifications.

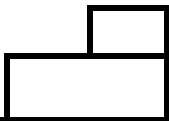
Are you able to attend the nine-session, 27-hour pre-service training for one week?

Yes _____ No _____ or five consecutive Saturday Yes _____ No _____

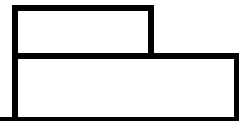
Training begins at 9:00AM and ends at 4:30 PM.

Are you available one evening a month (2nd Monday) for in-service training (20 hrs/year)?

If no, please explain. _____



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Please list three professional references and one family member.

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Ext. ____

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Ext. ____

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Ext. ____

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Ext. ____

I hereby apply to become a Treatment Foster Parent(s) in Progressive Steps, Inc. Treatment Foster Care Program.

Signature

Signature



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Please make sure that this form is completed and all questions are answered thoroughly. Incomplete form(s) will be returned. Be sure to KEEP A COPY FOR YOURSELF. If you have any questions, please call 410-944-6166 ext. 103

Application can be submitted via email, fax or in-person.

Email: info@psteps.org

Fax: 410-944-6174

Return in person within 30 days to:

Progressive Steps, Inc. Treatment Foster Care
6201 Liberty Road, Suite C
Baltimore, Maryland 21244