

PROGRESSIVE STEPS, INC.

6201 Liberty Road. Suite C. BALTIMORE, MARYLAND 21207

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	SOC. 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 problem _____

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 date 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-driver _____ Expiration Date _____

APPLICANT 2:

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

Driver's License # or indicate non driver _____ Expiration Date _____

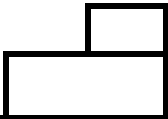
EXPERIENCE WITH CHILD CARE/SPECIAL NEEDS CHILDREN/ADULTS

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

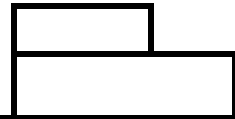
Have you ever been employed in any capacity working with children? Yes _____ No _____
What position? _____

Have you ever been a Respite Care Provider? Yes _____ No _____ What agency(s) (1)? _____

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



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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 _____

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.

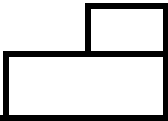
Are you able to attend the nine-session, 27-hour pre-service training for one week?

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

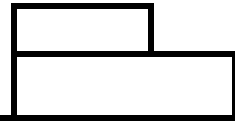
Training begins at 9:00am and ends at 4:30pm

Are you available one evening a month (last day of month) for in-service training (20 hrs. /year)?

If no, please explain _____



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Please list three professional references and on family member.

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Name: _____

Address: _____

City, St. Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

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 21207