



**EFMP RESPITE CARE PROVIDER INFORMATION**

*Agencies can adapt this sheet as needed. A copy of this form needs to be on file for every respite care provider.*

Name \_\_\_\_\_

**PROFESSIONAL DEVELOPMENT**

College/university \_\_\_\_\_ Emphasis \_\_\_\_\_

Date graduated \_\_\_\_\_

Related Courses/Training

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Child/Human Development   | <input type="checkbox"/> Child Psychology     | <input type="checkbox"/> Nursing          |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Special Education    | <input type="checkbox"/> Therapeutic Rec. |
| <input type="checkbox"/> Speech and Language       | <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Social Work      |
| Other _____  |   |   |

Volunteer or Work Experience

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Typically developing children | <input type="checkbox"/> Physical impairments | <input type="checkbox"/> Autism            |
| <input type="checkbox"/> Children with special needs   | <input type="checkbox"/> Hearing impairments  | <input type="checkbox"/> Cerebral Palsy    |
| <input type="checkbox"/> Medically fragile children    | <input type="checkbox"/> Visual impairments   | <input type="checkbox"/> Seizure disorders |
| <input type="checkbox"/> Developmental Delays          | <input type="checkbox"/> Emotional disorders  | <input type="checkbox"/> Other _____       |

Areas of Specific Skill or Interest

- |  |   |
|--|---|
| <input type="checkbox"/> Children with speech and language delays      | <input type="checkbox"/> Teens                  |
| <input type="checkbox"/> Children with behavior or emotional disorders | <input type="checkbox"/> Infants                |
| <input type="checkbox"/> Children with autism                          | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Medically fragile children                    | <input type="checkbox"/> Languages _____        |
| <input type="checkbox"/> Other _____                                   | <input type="checkbox"/> Other _____            |

Special Circumstances

Do you have any allergies that would preclude you from working in certain environments? (e.g., pet allergies)

\_\_\_\_\_  
\_\_\_\_\_

Service Areas

Availability

Are you currently open for respite child care referrals? \_\_\_\_ Yes \_\_\_\_ No

Please list your current available times below:

	Daytime hours	Evening Hours	Overnight Yes/No
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

References

Please list two professional and one personal reference who you have known for at least one year and is not related to you. Include their full name, relationship and complete contact information.

Send this completed form with a resume to Natalie Brown, HR Clerk, in person, by email, or by fax: In person: ENMRSH, Inc., 2700 East 7th Street, Clovis, NM  
Email: natalie.brown@enmrsh.org  
Fax: 575-763-4158 (Attn: Natalie Brown)