

MCS MULTICULTURAL COMMUNITY SERVICES
Of the Pioneer Valley, Inc.

Adult Foster Care Caregiver/ MCS Respite Application

Multicultural Community Services
Attention: AFC Program Manager
1000 Wilbraham Road, Springfield MA 01109

Part 1

MCS is an equal opportunity employer that complies with all laws related to fair employment practices. MCS does not discriminate in its services delivery or employment decisions on the basis of race, religion, color, national origin, gender, sexual orientation, ancestry, place of birth, age, disability, veteran status, marital status, HIV status or any other legally protected area. If you need assistance or accommodations in completing the application, please let us know. And **please fill this application out fully.**

Application Information

Full name: _____ **Home telephone:** _____
Cell telephone: _____
Street Address: _____ **Town:** _____ **Zip:** _____
Date of Application: _____ **Email address:** _____

Marital status: M S Sep. Div. W **Social security number:** _____

Are you interested in being an alternative placement provider? _____

Please provide directions to your home. Give directions from a main highway or the center of your town and some identifying features of your home (color, style, etc.);

Why are you interested in being a caregiver? _____

Have you been a foster parent/ caregiver before? __ yes __ no If so, in what capacity? _____

List all volunteer or paid experience providing supports for individuals with developmental disabilities; _____

Do you have physical limitations or are you presently under the care of a physician? _____ If so please explain: _____

Do you anticipate any problems that would interfere with your participation in the program for one year subsequent to a placement of a person in your home? (i.e. moving, change in career, change in household composition, etc.) __ yes __ no

If so, please explain: _____

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Do you own a car? yes no Year, Make, Model: _____
Would you be able to provide transportation for a member, when needed? yes no

Education/ Profession

Education of applicant: Highest grade completed: _____
Are you presently working? yes no
If yes, what is the name and location of your employer: _____
Number of hours/week: _____
Is your partner working? If so, name /location of their employer: _____

Household

Have you and your family talked about having someone share your home? yes no
How did they feel? _____

Household Composition: (not including yourself)

Names:	Age:	Relationship to you	social security number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in the household smoke? _____ Would you object to a member who smokes? _____
Does anyone in the household have a current or past problem in the use of alcohol or drugs?
 yes no If so, please explain: _____

Have you or anyone in the household ever been convicted of a criminal offense? yes no
If so, please explain: _____

Please list any pets in your home: _____
Are your pets current with all vaccinations? yes no
Would it be possible for a member to bring an animal into your home? yes no

Physical Setting

Type of Housing:
own Home own condo rent house rented apartment or condo

Number of floors in your home? _____ Number of bedrooms? _____ Number of bathrooms? _____

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On which floor would the member's bedroom be located? _____
Location of the bathroom in relation to the member's bedroom? _____
Is your home wheelchair accessible? _____

How long have you lived at this location?: _____
Are you currently at risk of eviction or foreclosure from your home?: yes no
Are you current with your mortgage or rent?: yes no
Are you current with utilities and heating bills? yes no

References

I hereby authorize the multicultural Community services, Adult Foster Care program to make inquiries with the following references in relation to my character and the qualifications to care for a person in my home.

Signature of applicant

Date

Please note that references *cannot* be relatives. References may be friends, co-workers, business associates, etc. We *prefer* at least one reference be a current or past employer.

Reference #1:
Name: _____
complete mailing address: _____

Phone Number: _____
Type of relationship: _____ known for how long? _____

Reference #2:
Name: _____
complete mailing address: _____

Phone Number: _____
Type of relationship: _____ known for how long? _____

Reference #3:
Name: _____
complete mailing address: _____

Phone Number: _____
Type of relationship: _____ known for how long? _____

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Statement of Understanding

It is the policy of Multicultural Community Services to prohibit contracting of individuals with a conviction or employment history of abuse, mistreatment, or neglect. I certify that I do not have an employment history of abuse, mistreatment, or neglect of individuals placed under my care, nor have I been convicted of any offense(s) involving violence or inappropriate behavior with others. I understand that my obligation as a health care worker in the Commonwealth of Massachusetts and/ or an independent contractor of Multicultural Community Services is to report any suspicion of abuse, mistreatment, or neglect of any individual through the proper channels. Further, I certify that I have read, understand, and agree to comply with agency policies and procedures regarding client welfare, health, and safety. I understand that falsification of this document may result in disciplinary action up to and including loss of contract.

Applicant Signature

Witness Signature

Authorization and Release

I/ we give permission for the release of any information to a prospective member that would be helpful in matching the member's needs to my/ our caregiver capabilities.

Signature of Applicant

Date

Signature of Spouse/Partner

Date

Signature of Other Adult Members of household
(over 18 years)

Date

***** Please attach a current physical and TB test to the application before submitting. *****