

TRANSPORTATION

	YES	NO
Will household vehicles be used to transport children?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If you marked YES, then:</u>		
Do you have proof of insurance for the vehicles to be used to transport children?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a copy of your driver's license and proof of insurance.

MOTIVATION

Please discuss your reasons for wanting to become part of the Safe Family Program:

FAMILY BACKGROUND

Please discuss your life experiences and family relationships, general family history, structure, organization, and culture.

Which, if any, of the following has occurred in your family of origin:

<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Child abuse	<input type="checkbox"/> Divorce
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Traumatic event(s)
<input type="checkbox"/> Other:		

Please explain:

CHILDHOOD

Please discuss your upbringing, family relationship, siblings, family rules, etc.

EDUCATION

Check highest grade: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: 1 2 3 4 Grad: 1 2 3 4

CURRENT FAMILY RELATIONSHIPS

Single Married Divorced Widowed

If married, please answer the following:

Number of years married:	
How did you meet?	
Periods of separation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior marriages for <u>husband</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior marriages for <u>wife</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children from prior marriages:	
Strengths of marriage:	
Weaknesses of marriage:	

VALUES AND BELIEFS

<i>What's important to you?</i>

RELIGIOUS/SPIRITUAL BELIEFS

Name/location of church:			
Which of the following do you participate in?			
<input type="checkbox"/> Regular attendance	<input type="checkbox"/> Home Bible Study	<input type="checkbox"/> Awanas	<input type="checkbox"/> Service/Mission
Other church activities:			

EMPLOYMENT

Current/Last employer:		
Title/Responsibilities:		
Dates of employment:		
Prior Employers		
Employer name	Dates employed	Reason for leaving

OTHER ISSUES

	YES	NO
Have you ever been convicted of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved in a domestic violence incident?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a substance abuse or alcohol problem?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above, please explain:

HOME ENVIRONMENT

Please complete this section *only if* you will be having child(ren) visiting your home.

	YES	NO
Do you have a swimming pool?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it fenced in?	<input type="checkbox"/>	<input type="checkbox"/>
Are smoke detectors and carbon monoxide detectors working?	<input type="checkbox"/>	<input type="checkbox"/>
Is water temperature set to avoid burning?	<input type="checkbox"/>	<input type="checkbox"/>
Are cleaning supplies and chemicals out of reach or secured?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any open outlets, etc. which may be harmful?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any firearms or weapons in the home?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe the type and purpose:

Where are the firearms or weapons stored?

REFERENCES

Reference Name 1:	Address:	Email address:	Phone number:
Reference Name 1:	Address:	Email address:	Phone number:
Reference Name 1:	Address:	Email address:	Phone number:

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To be completed by IHF Staff:

Is this individual appropriate to serve as a Family Friend? Why or Why not?

Evaluating Staff Name

Evaluating Staff Signature

Date

Supervisor Name

Supervisor Signature

Date