

# FOSTER & KIN CARE

## Mentor PROGRAM

### Foster Parent Mentee self-referral

District: \_\_\_\_\_

Things to consider:

- Are you a licensed or in application kin/foster parent for less than six months?
- Do you have a child placed with you currently?
- Would you benefit from having a mentor?
- Are you willing to make a 6-month commitment to participate in mentoring relationship?

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

### Placement Type:

- Non-Relative  Kin  Emergency Placement  Medically Fragile  No Placement Currently

Placement Date: \_\_\_\_\_ Licensing or District Approval Date: \_\_\_\_\_ # of Placements: \_\_\_\_\_

### AGE(s) of child(ren) placed: (Check all that apply)

- Birth – 5 years    13 – 18 years  
 6 – 12 years    19 – 21 years    No Placement Currently

### I need More Information about: (Please check all that apply.)

#### Trauma Informed Caregiving Related To:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Emotional Issues   | <input type="checkbox"/> Behavior Disorders/Issues | <input type="checkbox"/> Physical Disability    |
| <input type="checkbox"/> Suicide/Depression | <input type="checkbox"/> Attachment                | <input type="checkbox"/> Medically Fragile      |
| <input type="checkbox"/> Sexual Abuse       | <input type="checkbox"/> Safety/De-Escalation      | <input type="checkbox"/> Mental Illness         |
| <input type="checkbox"/> Physical Abuse     | <input type="checkbox"/> LGBTQ                     | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Neglect            | <input type="checkbox"/> Racial/Cultural           | <input type="checkbox"/> Drug/Opioid Exposed    |

### Physical and/or Developmental Issues: (Please check all that apply)

- ADHD/Learning Disability     Autism     Developmental Disorders     Independent Living

### UNDERSTANDING AND WORKING WITH SYSTEMS/BIRTH FAMILIES: (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Working with DCF staff, regulations and policies | <input type="checkbox"/> Reunification                 |
| <input type="checkbox"/> Navigating Concurrent Plans                      | <input type="checkbox"/> Foster to Adopt               |
| <input type="checkbox"/> Working with Birth Families                      | <input type="checkbox"/> Working with Schools/Advocacy |

### Other information you would like to share.

Mentee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send to your local Resource Coordinator

or mail to:



Family Services Division

280 State Drive Waterbury, VT 05671