

FOSTER & KIN CARE Mentor PROGRAM

CAREGIVER MENTOR APPLICATION

Personal Information:

Name: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
District(s): _____
Email: _____
Home Phone: _____ Cell: _____
Occupation: _____
Languages Spoken _____

Placement/Permanency Expertise:

Non-Relative Kin Adoptive Emergency Placement Med. Fragile

Licensing Date: _____ # of Placements: _____

of Children Served: _____ Adoption Experience: _____

I work well with this AGE group: (Check all that apply)

- Birth – 5 years 13 – 18 years
 6 – 12 years 19 – 21 years Any Age

I have Knowledge/Expertise with Trauma Informed Caregiving Related To: (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Emotional Issues | <input type="checkbox"/> Attachment |
| <input type="checkbox"/> Suicide/Depression | <input type="checkbox"/> Safety/De-escalation |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> LGBTQ |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Racial/Cultural |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Impact of Trauma on Child Development |
| <input type="checkbox"/> Behavior Disorders/Issues | |

I have Knowledge/Expertise with Physical and/or Developmental Issues:

Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Drug/Opioid Exposed |
| <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> ADHD/Learning Disability |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Developmental Disorders |
| <input type="checkbox"/> Independent Living | |

1. I believe that I could support another foster/kin parent in the following areas.

Please check all that apply.

- Working Well with DCF
- Participation in Case Planning
- Working with Birth Families
- Reunification or Foster to Adopt
- Working with Schools/Advocacy
- Working well with service providers/treatment teams
- Working with children with complex behavior

2. I would need more information before I could successfully support another foster/kin parent in the following areas. Please check all that apply.

- Working Well with DCF
- Navigating Concurrent Plans
- Working with Birth Families
- Reunification or Foster to Adopt
- Working with Schools/Advocacy
- Working well with service providers/treatment teams

Thank you for applying to be a Mentor. I will be in contact with you regarding your application and the required training to become a Mentor.

The Resource Coordinator in your district will work with the Foster and Kin Care Manager to establish the best possible mentor/mentee match once you are trained.

Your signature indicates that you believe you meet the eligibility requirements for the mentoring program.

Signature _____

Date _____



280 State Drive Waterbury, VT 05676