New Nouveau Brunswick

APPLICATION TO BECOME A PROFESSIONAL CARE HOME

Part A: General Information

Full name of applicant(s): #1)______________________________

#2)______________________________

Mailing address: ______________________________

______________________________ **Postal Code** ______________

Part B: Personal Data

Applicant #1	Applicant # 2
Maiden Name: (*if applicable*)	**Maiden Name:** (*if applicable*)
Previous Last Name: (*if applicable*)	**Previous Last Name:** (*if applicable*)
Date of Birth: **Place of Birth:**	**Date of Birth:** **Place of Birth:**
Telephone Numbers: **(H):** **(W):** **(C):**	**Telephone Numbers:** **(H):** **(W):** **(C):**
Email Address:	**Email Address:**
Languages Spoken:	**Languages Spoken:**
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Common-law ☐ Divorced ☐ Separated	**Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Common-law ☐ Divorced ☐ Separated
Date of present marriage:	**Date of present marriage:**
If not married – length of present relationship	**If not married – length of present relationship**
Highest Education level completed:	**Highest education level completed:**
Current employment/occupation:	**Current employment/occupation:**
Source of Income if not employed:	**Source of Income if not employed:**
Do you have a driver's license? ☐ Yes ☐ No **Do you have a car?** ☐ Yes ☐ No	**Do you have a driver's license?** ☐ Yes ☐ No **Do you have a car?** ☐ Yes ☐ No

Part C: Information on Your Children and Other People Living in Your Home

Child's Full Name	Date of Birth (YYYY/MM/DD)	Whereabouts (Living in family home or another address)	Health Concerns
Name of Other Individuals Living in Your Home	**Age**	**Relationship** (relative, boarder, etc)	**Health Concerns**

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Part D: Your Home

Are you and your partner (spouse or significant other), if applicable, in agreement with being a professional care home care provider? ☐ **Yes** ☐ **No Explain**:

Describe your home (size, space available for children, play area, etc):

How long have you lived here? _______ **years**

Do you have any pets? ☐ Yes ☐ No If yes, what type of pets and how many?

Part E: Self-Reporting Medical Information for Applicant(s)

Applicant #1 ____
Name

General Statement of Health	Very Good	Good	Fair	Poor
a) General Physical Condition				
b) General Medical Condition				
c) General Emotional Condition				

Do you smoke?	☐ **Yes**	☐ **No**
Have you ever received psychiatric/psychological treatment?	☐ **Yes**	☐ **No**
Do you take any prescribed drugs regularly?	☐ **Yes**	☐ **No**
Have you had a problem with drugs and/or alcohol use?	☐ **Yes**	☐ **No**

Read the list below and indicate whether you have or ever have had any of the conditions listed. If you check yes, include details of age, treatment and results.

Conditions	Yes	No	Details
Tuberculosis T.B.			
Diabetes			
Heart Disease			
Cancer			
High Blood Pressure			
Rheumatoid Arthritis			
Epilepsy			
Allergies/Asthma			
Ulcers			
Nervous disorder			
Physical disability			
Other:			

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Applicant #2 ______________________________
Name

General Statement of Health	Very Good	Good	Fair	Poor
a) General Physical Condition				
b) General Medical Condition				
c) General Emotional Condition				

Do you smoke?	☐ Yes	☐ No
Have you ever received psychiatric/psychological treatment?	☐ Yes	☐ No
Do you take any prescribed drugs regularly?	☐ Yes	☐ No
Have you had a problem with drugs and/or alcohol use?	☐ Yes	☐ No

Read the list below and indicate whether you have or ever have had any of the conditions listed. If you check yes, include details of age, treatment and results.

Conditions	Yes	No	Details
Tuberculosis T.B.			
Diabetes			
Heart Disease			
Cancer			
High Blood Pressure			
Rheumatoid Arthritis			
Epilepsy			
Allergies/Asthma			
Ulcers			
Nervous disorder			
Physical disability			
Other:			

Part F: Family Questionnaire

1. Briefly state your reasons for applying to be a Professional Care Home?

2. What experience have you had working with children who have complex emotional, behavioral needs?

3. What experience do you have working with a professional team, i.e. with clinical services, mental health services, law enforcement, etc.

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Please check off the area(s) you are interested in:

☐ Children under age of 12 ☐ Children over age 12 Children with a disability

☐ Teenagers 16-19 years of age ☐ Sibling group No preference

I/We would prefer:

☐ Males ☐ Females No preference

Religion: ____________________ No preference

Race: ____________________ ☐ No preference

Part G: Personal References

Please give the names, mailing address, and telephone numbers of three persons who know you well enough to answer questions about you and/or your family. Two of the references must be non-family members. A reference questionnaire will be mailed to each reference to be completed as part of the SAFE Home Study process.

Name	Mailing Address	Telephone
		(H) (C)
		(H) (C)
		(H) (C)

Part H: Consent

The Professional Care Home application process involves:

1. Application to Become a Professional Care Home (this document)
2. Social Development Prior Contact Check
3. Criminal Record and Vulnerable Sector Checks
4. Environment of Care Assessment (physical home environment)
5. SAFE Home Study

By signing this document, I/we:

- certify the information on this application to be true and accurate to the best of my/our knowledge
- give permission for the Department of Social Development to contact the references named in this application;

______________________________ ____________
Signature of Applicant #1 Date

______________________________ ____________
Signature of Applicant #2 Date

When completed, please forward to:
Children's Resource Services Unit
Department of Social Development
{insert which office/mailing address}