#300, PARK PLACE
4825, 47 STREET
RED DEER, ALBERTA
T4N 1R3

HERITAGE
FAMILY SERVICES
AUTHENTICALLY SERVING ONEPERSON

PHONE 403.343.3422
FAX 403.343.9293
REFERRAL 1.888.505.3422
HERITAGEFAMILYSERVICES.COM

Requirements for New Parents

Prospective foster homes must meet basic physical, health and safety requirements. Final selection of foster homes is determined upon satisfactory completion of each of the following:

1) Application form/forms submitted to the Foster Parent Development Coordinator with recently completed CRIM and CYM checks.

2) Registration and completion in a Caregiver Orientation for Foster Parents course.

3) Home Assessment Self-Report: a home assessment self-report must be completed by each adult living in the applicant's home. This outlines significant events in the applicant's lives, discipline practices, and philosophy for caring for children.

4) 3 Letters of Reference submitted to the Foster Parent Development Coordinator, speaking to the applicants providing foster care in their home. A follow-up interview will be completed over the phone with each reference person.

5) Home Study: A foster care assessment report must be completed according to a procedure that includes interviews with the applicant's family members, individually and as a unit. The ability to foster, family dynamics including roles and responsibilities, motivation to foster, and willingness to cooperate with the agency in providing needed services, will be explored.

6) Completion of the required paperwork for the file including a medical check, reference letter, proof of insurance, proof of current and other important forms and documents. (See Paperwork Required for Parent File list)

7) Previous Fostering Release and Reference. A signed document indicating all previous fostering and fostering applications with other agencies or the Ministry.

8) Completion of a Safety Checklist by Heritage staff.

9) Licensing application signed. In accordance with the Child, Youth and Family Enhancement Act, all foster homes must be licensed prior to receiving children into their care. The goal of the licensing requirement is to ensure children in the care of the Director are provided for in a consistent manner, in accordance with legislated provincial standards. A licensing officer will complete a safety checklist and may make a referral for municipal inspections (building, health and fire).

TRAINING REQUIREMENTS FOR HERITAGE PARENTS:

1) Orientation for Caregivers in Foster Care Training (24 hours)
2) Heritage Orientation (3 hours)
3) Standard St. John's First Aid (or equivalent)
4) ASIST (2 day Suicide Intervention course)
5) PACE (1.5 day Behaviour Management course)
6) Aboriginal Awareness Training – 8 hours per year.
7) In the first two years, all Heritage Parents are to complete 31, 3-hour foster care training modules. Following completion of all modules, Heritage Parents are expected to complete 30 hours of supplemental training per year.

**The cost of all the above training is covered by Heritage Family Services, with the exception of the First Aid Training.*

MAINTENANCE FEES:

Heritage Parents are paid a daily living allowance to meet the child's basic needs for food, clothing, allowance, gifts, etc. The per diem is determined by the level of training and experience the family has.

Ages	Basic Maintenance	Level 1	Level 2
0-1	$23.51	$38.51	$51.01
2-5	$23.90	$38.90	$51.40
6-8	$26.22	$41.22	$53.72
9-11	$27.70	$42.70	$55.20
12-15	$31.37	$46.37	$58.87
16-17	$35.86	$50.86	$63.36

+ $150.00 per month reimbursed for formula, diapers, etc. up to age 3.

Professional Parent Application

1. Applicant's Name (Surname/First/Middle)			
Previous or other surname		Birthdate (yyyy/mm/dd)	Telephone Number
Address Apt.#, Street			
City/Town		Province	Postal Code
Racial Origin	Aboriginal Type	Ethnic Origin	
If Registered Indian, Band Name and Registration Number		If Metis, Metis Settlement or Community	
Religion Practicing ☐ Yes ☐ No		Education	
Occupation			
Place of Employment			Business Telephone Number

2. Co-applicant's Name (Surname/First/Middle)			
Previous or other surname		Birthdate (yyyy/mm/dd)	Telephone Number
Racial Origin	Aboriginal Type	Ethnic Origin	
If Registered Indian, Band Name and Registration Number		If Metis, Metis Settlement or Community	
Religion Practicing ☐ Yes ☐ No		Education	
Occupation			
Place of Employment			Business Telephone Number

3. Marital Status

☐ Single ☐ Married ☐ Adult Interdependent Relationship ☐ Separated ☐ Divorced

4. Have you ever received services from Child Intervention Services?

☐ Yes ☐ No

5. Have you ever applied to foster before?

☐ Yes ☐ No If Yes, Where?

6. Children Name as per Birth Registration	Gender M/F	Adopted Yes/No	Birthdate yyyy/mm/dd	Grade	Name of School/Occupation

If child is adopted, please indicate ethnic/racial origin

7. Other persons currently living in your home Name	Birthdate yyyy/mm/dd	Relationship

8. Family Health (Please give particulars of any major operations, chronic conditions or psychiatric consultations.)

9. Child Desired

☐ Male ☐ Female ☐ Either

Age Range

From _____ to _____

Racial Origin:

☐ Caucasian ☐ Aboriginal ☐ Black ☐ Oriental ☐ East Indian

☐ Mixed Race (Specify) _____ ☐ Any

Aboriginal Type:

☐ Status Indian ☐ Potential to be registered ☐ Non Status Indian

☐ Inuit ☐ Metis ☐ Any

If special needs child acceptable, please specify below:

002 ☐ Developmentally delayed
003 ☐ Mentally handicapped
004 ☐ Fetal Alcohol Spectrum Disorder
005 ☐ Down's Syndrome
006 ☐ Hearing/visually impaired
007 ☐ Behavioural/emotional issues
008 ☐ Psychiatric diagnosis
009 ☐ Legal risk
010 ☐ Learning disability/special education
011 ☐ Cerebral Palsy
012 ☐ Speech delays/Impediments
013 ☐ Diabetes
014 ☐ Epilepsy
015 ☐ Sexual abuse
016 ☐ Physical abuse
017 ☐ Sibling contact
018 ☐ Birth parent contact
019 ☐ Permanent disability
020 ☐ Cleft palate
021 ☐ Premature
022 ☐ Difficult delivery
023 ☐ Multiple placements
024 ☐ Heart disorders
025 ☐ General medical needs
026 ☐ Neglect
031 ☐ Permanent Placement Disruption
033 ☐ Fetal Alcohol Effect
034 ☐ Fetal Drug Effect
035 ☐ Failure to Thrive
036 ☐ Spina Bifida
037 ☐ HIV Risk
038 ☐ HIV Positive
039 ☐ Hyperactive Disorder (ADD)
040 ☐ Hepatitis C

Family Background

000 ☐ Unknown background
001 ☐ Inheritable diseases
002 ☐ Psychiatric diagnosis - birth parents
003 ☐ Learning disorders
004 ☐ Drug abuse during pregnancy
005 ☐ Alcohol abuse during pregnancy
006 ☐ Born as result of sexual assault
007 ☐ Born as result of incest
009 ☐ History of Global Developmental Delays
010 ☐ Abuse of Drugs/Alcohol by Birth Father

Are you willing to be involved with and maintain a child's culture through:

☐ Involvement with cultural groups and organizations.

☐ Contact with the Band with a view to participating in cultural activities on the Reserve or Settlement.

10. Please give the names and addresses of three (3) persons per applicant, one of whom is a relative. The same reference may be given for both applicants if the person kows both applicants and is willing to share information when conctacted.

Name	Telephone Number
Address	Postal Code
Name	Telephone Number
Address	Postal Code
Name	Telephone Number
Address	Postal Code
Name	Telephone Number
Address	Postal Code
Name	Telephone Number
Address	Postal Code
Name	Telephone Number
Address	Postal Code

11. Certification

I/We declare:

1. that the information contained in this application is complete and true to the best of my/our knowledge and that a false statement may disqualify my/our application from futher consideration.

2. an acknowledgement that the Ministry of Children's Services will check the Intervention Record System for any information relevant to this application and that a criminal record check will also be required. (The existence of a criminal record will not necessarily result in an exclusion from the program.)

3. that the Ministry of Children's Services is given permission to contact the references named on this application and the school where my/our children are in attendance.

Signature of Applicant	**Date** (yyyy/mm/dd)
Signature of Co-Applicant	**Date** (yyyy/mm/dd)

Date Received: _____By: _____

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Declaration of Previous Fostering/Application for Fostering

Previous foster care employment and/or applications for foster care employment. This includes all private agencies and the provincial foster care systems. Include the name of the agency and dates of employment and/or application.

1)

2)

3)

I _____declare this information to be truthful and release any and all information pertaining to my previous employment and/or application to foster to **Heritage Family Services**.

Signature: _____

Date: _____

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Employment Health Information Questionnaire

Name: _____

Address: _____

Phone #: _____

Position Applied For:

_____

Please list any impairments (physical or mental) that would interfere with your ability to perform in the position named above. **If none, write none**.

Are there any job duties you cannot perform because of a physical handicap?

◯ Yes ◯ No

If yes, please explain.

Are there any other positions or types of positions for which you should not be considered because of a physical handicap?

◯ Yes ◯ No

If yes, please explain.

I have read the above questions and answered them to the best of my knowledge.

Signature: _____ Date: _____

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Parent Medical Reference

To: (Physician's name and address)

_____

_____

_____

_____

From:

Heritage Family Services

#300 Park Place, 4825-47 Street

Red Deer, Alberta T4N 1R3

Phone: (403) 343-3422

Regarding the application by _____ to become a professional parent.

Please compete the medical reference (see attached). When finished please send this form back to me in an enclosed, self-addressed envelope. If I need further information, I will contact you.

Thank you for your help.

_____ _____
Program Coordinator Date

I authorize any physician who has medical information about me to give that information to **Heritage Family Services** to be used for my application to be approved as a professional parent.

To be completed by applicant:

Name: _____

Address: _____ _____
Apt. #/Street/ Box Number *City/Town/Province/Postal Code*

_____ _____
Applicant's Signature Date

To be completed by a registered physician:

How long have you know the applicant? _____ Date of last examination: _____

If the applicant has ever had any of the following conditions please give details:

Conditions	Yes	No	Attending Physician *Name and place*	Current Status *Attach any information*
Emotional,nervous,psychiatric	◯	◯		
Endocrine	◯	◯		
Substance abuse/dependence	◯	◯		
Cardiovascular, hypertensive	◯	◯		
Neurological	◯	◯		
Sensory Impairment	◯	◯		
Locomotor Impairment	◯	◯		
Respiratory	◯	◯		
Infectious Disease	◯	◯		
Gastro-Intestinal	◯	◯		
Other Abnormality	◯	◯		

Describe anything medical that could affect the applicants' ability to be an effective parent.

Describe anything else that could affect the applicants' ability to be an effective parents.

Describe anything that might prevent the applicants from handling the extra demands of professional parenting.

Name of Physician: _____

Address: _____

Area of Practice: _____

Phone Number: _____

_____ _____

Signature Date

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Emergency Contact / Next of Kin

Employee Name: _____

Name of Emergency Contact: _____

Relationship: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____