

## Safe Families for Children Host & Family Coach Clearance

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1. Fill out the SFFC Application & Home Evaluation forms attached to this email. You can fill it out on the computer or print them out and fill them in by hand.
2. Get your supporting documentation return it to SFFC.
  - Finger Printed through LiveScan
  - 3 Year DMV Driving Record
  - Copies of your drivers license & proof of auto insurance
3. Complete the Safe Families for Children Online Training. You received & invitation into the system when you signed up to be involved with Safe Families. If you cannot find this email contact safefamilies@olivecrest.org

Please return any clearance materials by

Email: safefamilies@olivecrest.org

Fax: 714.543.5463

mail: SFFC at Olive Crest 2130 E. 4th St. Santa Ana, CA 92705



## Frequently asked questions

### **Do I have to fill out an application for everyone in my household?**

No. You only need to fill out one application per household but you need one Family Evaluation Form for anyone over 18 residing in your household.

### **What is a home visit?**

The Home Visit provides SFFC the opportunity to get to know our Host Families in depth. This time provides the opportunity for us all to explore the reason the family would like to become a Host Family and how they are prepared to do so. This time also provides our staff with a time to speak into the family's life and to share what it means to provide care to a child as a Host Family.

### **What do I need to prepare for it?**

The only action that is required for your home visit is to turn in your Application & Family Evaluation forms to Safe Families for Children at Olive Crest.

### **How do I make an appointment for a home visit?**

Contact Safe Families for Children to schedule an appointment . Email Safefamilies@olivecrest.org or call 714.543.5437 x1234

### **How do I get my Live Scan Finger Prints?**

Follow the instructions on the LiveScan form attached. Each person 18 and over who is living in your home will need to have a Live Scan completed.

### **How do I get a DMV driving record?**

You can request one in person at the DMV or Visit <http://www.dmv.ca.gov/online/dr/welcome.htm>

Questions? Contact safefamilies@olivecrest.org

SFFC at Olive Crest 2130 E. 4th St. Santa Ana, CA 92705 t:714.543.5437 x1234 f:714.543.5463



## Safe Families for Children

2130 E. 4th St., Ste. 200, Santa Ana, CA 92705  
Phone: (714)543.5437 Fax: (714)543.5463

## **Host Family Check List**

**Thank you for your interest in becoming a host family for Safe Families for Children (SFFC). Below is a checklist to help you keep track of everything you need to do to be screened and approved. Please note that completion of these items does not guarantee certification as a host family.**

- SFFC Application (one per household)
- SFFC Family Evaluation Form (completed by everyone in household that is over the age of 18)
- Fingerprints Submitted to LiveScan and copies of forms sent to SFFC Office (for anyone over the age of 18 in household)
- Criminal Record Statement
- Copy of Driver's License
- Printout of Driving Record from [www.dmv.ca.gov](http://www.dmv.ca.gov)
- Copies of Vehicle Insurance
- Safe Families for Children Training Complete before homestudy  
(<http://www.screencast.com/t/RSuGYaXA>)
- Pastoral Reference
- Friend/Colleague Reference #1
- Friend/Colleague Reference #2
- Home Study with SFFC Staff (scheduled when all other items have been completed)

**Please contact Safe Families with any questions:  
Email: [safefamilies@olivecrest.org](mailto:safefamilies@olivecrest.org)  
Phone: (714) 543.5437 ext 1234**

# SAFE FAMILIES APPLICATION



Safe Families for Children

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

Family Name: \_\_\_\_\_

DATE		SUPERVISING AGENCY <b>Olive Crest</b>	
AGENCY REPRESENTATIVE		AGENCY CONTACT NUMBER <b>714.543.5437</b>	AGENCY EMAIL <b>safefamilies@olivecrest.org</b>
CONTACT DATES: <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> Close File			
<b>FAMILY BACKGROUND</b>			
<b>APPLICANT #1</b>		<b>APPLICANT #2</b>	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
BIRTH DATE (mm/dd/yyyy)	BIRTH PLACE	BIRTH DATE (mm/dd/yyyy)	BIRTH PLACE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE/ETHNICITY/NATIONALITY:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE/ETHNICITY/NATIONALITY:
RELATIONSHIP STATUS <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		RELATIONSHIP STATUS <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
LANGUAGES SPOKEN Primary      Secondary		LANGUAGES SPOKEN Primary      Secondary	
PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work	MOBILE CARRIER	PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work	MOBILE CARRIER
Alt PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work	MOBILE CARRIER	Alt PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work	MOBILE CARRIER
EMAIL ADDRESS		EMAIL ADDRESS	
<b>HOME ADDRESS</b>			
STREET ADDRESS			
CITY		STATE	ZIP
HOME PHONE			
<b>HOME INFORMATION</b>			
Is there any type of business operated from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe impact of home business while you are hosting a child in your home.			
<b>HOME DESCRIPTION: (Check all that apply)</b>			
<b>Construction</b>			
<input type="checkbox"/> Apartment Building	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex	<input type="checkbox"/> Condominium
<input type="checkbox"/> Military	<input type="checkbox"/> One Story	<input type="checkbox"/> Two or More Stories	<input type="checkbox"/> Bi-Level
<input type="checkbox"/> Mobile Home			
<input type="checkbox"/> Basement			
Other:			
<b>Indoor Space</b>			
<input type="checkbox"/> One Bedroom	<input type="checkbox"/> Two Bedrooms	<input type="checkbox"/> Three Bedrooms	<input type="checkbox"/> Four or more Bedrooms
<input type="checkbox"/> Basement with Walkout	<input type="checkbox"/> Handicapped Accessible	Other:	
Overall Square footage:			
<b>Outside Space</b>			
<input type="checkbox"/> Porch	<input type="checkbox"/> Deck	<input type="checkbox"/> Patio	<input type="checkbox"/> Pool/Pond/Spa/Fountain
<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Play Equipment
<input type="checkbox"/> Shed/barn		<input type="checkbox"/> Handicapped Accessible	
<input type="checkbox"/> Other:			

<b>Arrangement</b>				
<input type="checkbox"/> Rent		<input type="checkbox"/> Own	<input type="checkbox"/> Other	
<b>Home Environment</b>				
Do you have a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, is it fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are smoke detectors and carbon monoxide detectors working? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is water temperature set to avoid burning? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are cleaning supplies and chemicals out of reach or secured? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any open outlets, etc. that may be harmful? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does anyone in the household smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>PETS/FIREARMS/ WATER SOURCES</b>				
<b>PETS</b>				
Are there pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the pet friendly to children?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain.				
If yes, do they meet all county/city safety ordinance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If there are pets in the home, describe the number and type of pets.				
Explain any noncompliance with county/city safety ordinance requirements.				
<b>FIREARMS</b>				
Are there any firearms or weapons in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details (if there are more than three please attach an addition sheet)				
Type of weapon	Purpose for weapons	Storage Location		
<b>HOUSEHOLD COMPOSITION</b>				
Include All Individuals Residing In The Home, Add additional Information on another sheet as needed				
NAME	DATE OF BIRTH	RESIDES		RELATIONSHIP TO APPLICANT
First and Last Name	(mm/dd/yyyy)	Part Time	Full Time	(Biological, step, foster child, adopted child, Godchild, etc.)
Briefly describe your neighborhood. Include safety and general surrounding area and facilities.				

**DESCRIPTION OF HOME – Sleeping Arrangements**

If the room is occupied please provide the names of the occupants. Indicate the type of bed a child staying in your home will be able to use. For example a crib, single, double, bunk etc. If a bunk bed is available indicate if it is the upper or lower bed.

BEDROOM	NAMES OF OCCUPANTS	OPEN	TYPES OF BEDS FOR CHILDREN:
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

**TRANSPORTATION:**

Will household vehicles be used to transport children?  Yes  No

If no, describe alternative transportation plan if family does not own an operating vehicle:

Does the applicant(s) have proof of insurance?  Yes  No

If No, please explain.

Does the applicant(s) have a valid driver's license to operate vehicles used to transport children?  Yes  No

If no, please explain.

**APPLICANT #1**

I understand that I must have appropriate child safety seats when applicable.

I understand that I am responsible for ensuring that any person outside the household who transports children must have a valid driver's license and insurance and must adhere to Safe Families for Children guidelines for transporting children.

I understand that all drivers must, hold a valid license and provide proof of insurance before transporting minors in your care.

I understand that I will be asked for a DMV printout.

**APPLICANT #2**

I understand that I must have appropriate child safety seats when applicable.

I understand that I am responsible for ensuring that any person outside the household who transports children must have a valid driver's license and insurance and must adhere to Safe Families for Children guidelines for transporting children.

I understand that all drivers must, hold a valid license and provide proof of insurance before transporting minors in your care.

I understand that I will be asked for a DMV printout.

List all household members whom you would like to have approved to transport minors in your care.

NAME	DRIVERS LICENSE #	STATE LICENSES ISSUED	DATE OF BIRTH	PHONE (If not applicant 1 or 2)

**MOTIVATION**

Why do you and your family want to become a Host Family Volunteer?

**FINANCIAL INFORMATION**

Please select your current annual household income.

- Less than \$10,000       \$60,000-\$69,999  
 \$10,000-\$19,999       \$70,000-\$79,999  
 \$20,000-\$29,999       \$80,000-\$89,999  
 \$30,000-\$39,999       \$90,000-\$99,999  
 \$40,000-\$49,999       More than \$100,000  
 \$50,000-\$59,999

**Support System**

Who can help with childcare?

If you had a crisis, who would you call?

**FAMILY DYNAMICS****CHILDREN**Sibling relationships  Excellent  Good  Fair  PoorHealth of Children:  Excellent  Good  Fair  PoorBehavior of Children:  Excellent  Good  Fair  PoorDiscipline:  Time Outs  Spanking  Loss of privileges  Grounding  Other:

Do your children have special Needs? (check all that apply)

- Learning       Development       Health       Mental Health       Drug or Alcohol Abuse

Explain special needs indicated.

Children's view of having a Safe Family guest in your home:

Is there anyone else over the age of 18 living at your residence?  Yes  No**SUPPORT OF BIRTH PARENTS**Are you interested in developing a relationship with the parent of the child in your care?  Yes  No**SAFE FAMILIES CHILD INFORMATION**

What ages are you interested in having in your home?

How many children are you interested in having in your home?

What gender(s) are you interested in having in your home?  Male  Female  Either**REFERENCES**

Please provide the name, contact information, and relationship type for three references. Please have them mail or fax in reference sheet to Olive Crest Attn: Please include a pastoral reference.

NAME	EMAIL	PHONE	RELATIONSHIP