

Family, Friend & Neighbor (FFN) 2007-2008 CARES Application

Mailing Address: Valley Oak Children's Services – Attn: CARES, 287 Rio Lindo Ave, Chico, CA. 95926

- For more information or assistance filling out the application packet, please contact Cari Freeman at Valley Oak Children's Services at 899-4943 or e-mail cfreeman@valleyoakchildren.org or Amy Broce at 899-4915 or call 800-345-8627
- Please feel free to reproduce this application as needed
- Si necesita más información sobre el CARES en español por favor llame Irma, 895-3572 or 1-800-345-8627

Please answer the following questions before filling out the application:

A. YES NO -Are you a licensed child care provider? If yes, you are not eligible for this program. To receive more information about the CARES program for Licensed Providers call 895-3509, ext. 3043.

B. YES NO -Do you care for at least one child other than your own for a minimum of 15-hours per week?

C. YES NO -Do you provide care for children ages birth to 5?

D. YES NO -Do you provide Care in Butte County?

If you have answered no to questions B,C,D, you are not eligible for this program. Please call 895-3572 for other information on license-exempt programs offered through Valley Oak Children's Services.

Personal Information

Date / /	Last Name	First Name	Middle Initial
Social Security #		Date of Birth Mo Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address			Apt.
City	State		Zip Code
Mailing Address (if different)			
Home Phone	Cellular Phone	E-mail address	

Race and Ethnicity (Please check all that apply)

What is your race/ethnicity?

Alaska Native/American Indian Black/African American Pacific Islander Hmong
 Asian Hispanic/Latino White Other: _____

What is your primary language spoken at Home? Please check more than one if you are multilingual.

Chinese English Japanese Korean Spanish Tagalog Vietnamese Hmong Other: _____

What are the primary languages you speak with children and families in your workplace? Please check all that apply:

Chinese English Japanese Korean Spanish Tagalog Vietnamese Hmong Other: _____

Level of Education

What is the highest level of education that you have completed:

No formal schooling Some College BA in non ECE/CD Graduate degree in non ECE/CD
 Less than high school diploma/GED AA in non ECE/CD BA in ECE/CD Graduate degree in ECE/CD
 High school diploma/GED AA in ECE/CD Some Graduate School

If you received a BA or higher, did you receive the degree in a foreign country? Yes or No

Do you have a teaching credential? Yes, from California Yes, out of state/country No

If you have a California teaching credential, what types? Check all that apply:

Single Subject Early Childhood Special Education Reading Certificate
 Multiple Subject Clinical/Rehabilitative Services Other
 Administrative School Nurse Services
 Reading Specialist Library Media Services
 Bilingual Specialist Other Health Services
 Pupil Personnel Services Education Specialist (Disabilities & other Special Needs)

Only answer this question if you are a NEW PARTICIPANT to the program: N/A: I am a returning participant

How many ECE/CD units have you completed prior to entry into the CARES Program? # of Units _____

How many professional growth hours have you completed prior to entry into the CARES Program? # of PG Hours _____

Child Care Information

How many children in each of the following age groups do you work with? Birth to 23 months: # _____ 2 yrs to 2 yrs, 11 mo: # _____ 3 yrs to 5 yrs: # _____ Kindergarten & School-age # _____	Of the children in your care, how many are related to you? _____	Of the children 5 and under in your care, how many have a special need*? _____ *For the purposes of the First 5 California CARES Program, 'children with disabilities & other special needs' refers to those children who: 1) are protected by the Americans w/ Disabilities Act (ADA); or 2) have or are at risk for a chronic condition whether physical, developmental, behavioral, or emotional & who also require educational, developmental, health, behavioral/mental health, & related services and/or supports of a type or amount beyond that required generally.
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How many years have you provided care in each of the following settings? Center # of Yrs: _____ FCC # of Yrs: _____ License-exempt: # of Yrs: _____	How many years have you been in the field of early child care and education? # of Yrs: _____
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What is the average # of hours you worked per week: _____	Hourly Wage: \$ _____
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Additional Questions

How did you hear of this program? <input type="checkbox"/> Flyer <input type="checkbox"/> Website <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Work <input type="checkbox"/> Ad in Paper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other
Are you participating in the Child Care Food Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently providing license-exempt care and are participating in VOCS Child Care Payment Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Program Information (Home Visitor/CARES staff will go over with Provider)

Option #1: Caregiver Workshop: Learn about Health & Safety issues, injury prevention, age appropriate activities, nutrition information and a variety of other resources. Incentives will be passed out for those that attend.

Option #2: Home Visit: Community resources, goody bag, plus \$50 gift certificate to Wal-Mart. **Note: All participants are required to have a Home Visit by the end of their second year in the program.**

Option #3:

- Career advising and child care licensing services **FREE**;
- Health & Safety Training: Scholarship valued at **\$80** for Health & Safety Training, plus **\$50** cash stipend; plus a gift certificate from a supply catalog;
- Training & Licensing Incentives: 15 hours of training through workshops and conferences: **\$100** stipend (if Health and Safety Training is current).

***For providers who are not on VOCS Child Care Payment or Food Program, we need proof that you are in fact providing license-exempt care. Please have the parent you are providing care for write a note that states how many hours per week you have been providing license-exempt care.**

Certification

All information provided on this application is accurate to the best of my knowledge. I agree to provide further information or documentation if required to do so.

Signature: _____ Date: _____

Provider Agreement

I acknowledge that I am a voluntary participant in the "CARES Family, Friend & Neighbor program". I am aware that this participation will not affect my payment through Valley Oak Children's Services (VOCS) Child Care Payment Program. I am also aware that VOCS is not my employer. I agree to participate in the program in the interest of providing quality child care services but I understand that my participation in the program is not an endorsement of my child care services.

Provider Signature: _____ Date: _____

FOR OFFICE USE ONLY (to be filled out by CARES staff)

Please check off all that apply:

Option #1: Attended Caregiver Workshop

Option #2: Home visit completed, \$50 gift card received

Option #3:

- A. Received Career Advising
- B. Received \$80 gift certificate to take the 15-hour Health & Safety training
- C. Completed the 15-hour Health & Safety training, received the \$50 Stipend (documentation attached) plus gift certificate to supply catalog
- Completed the 15 hours of training through workshops and conferences, received the \$100 Stipend (documentation attached)

Source of Incentives: First 5 AB212 Local Other: _____

What type of Incentive(s) did the participant receive: Materials/Equipment Gift Card Benefits Package Stipend

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**Consent to Participate in the Evaluation of First 5 California's
Comprehensive Approaches to Raising Educational Standards (CARES)
for the Early Learning Workforce**

Participant Name (please print):

First

Middle

Last

Information contained in this application will help First 5 California learn how CARES programs can recruit and retain qualified early care and education staff. I understand that:

- First 5 California requires local CARES program staff to contact me at some point after receiving an incentive to ask me questions that will help to measure the CARES's effectiveness for training and retention. Staff will use contact information provided on my application to contact me.
- This application contains demographic information: name, birth date, birth place, gender, current address, ethnicity (race/ethnic group), language spoken, financial information, and other information about my past and current experience in the early care and education field. In addition, CARES staff will be recording education and training activities of participants. Only certain CARES staff, First 5 California evaluation staff and their agents¹ will be able to see my personal information (such as names, address, phone number, or place of birth). People who can see my personal information **cannot** share it with anyone else, unless CARES staff believe I may be in danger of being hurt or be a danger to someone else.
- It is very important to the CARES program, First 5 California and its agents that my private information is safe. My information will be protected with the most advanced and secure methods.
- State and federal laws protect the personal and health information I share even if the Federal Privacy Rules do not do so.
- Any reports published will **never** have individual information in them (such as a name or address) that might identify me or my family.
- There is no known risk for participating in this study.
- CARES staff will use my information to determine the best strategies to recruit and retain early care and education staff. Local and First 5 California evaluators and staff will use my information, **without** names or other identifying information, to learn what activities and programs are most useful.
- This authorization is voluntary; I can choose not to release my information and still participate in the CARES program.
- My approval to use my information will end ten (10) years from the date on this form.
- I can always change my mind and ask that my information no longer be shared or that it be erased. I can do this by sending a form (that can be obtained from this organization) to: First 5 California Children and Families Commission, 501 J Street, Suite 530, Sacramento, CA 95814, ATTENTION: Gretchen Williams.

If you have any questions about your rights or this form, please contact Gretchen Williams, at (916) 327-8114.

I understand this authorization is voluntary and I can choose not to sign it without jeopardizing my receipt of services from the CARES Program.

- I have read the preceding information and choose to allow First 5 California and their agents to access my personal information about my participation in First 5 California's CARES evaluation.
- I have read the preceding information and choose **NOT** to allow First 5 California and their agents to access my personal information about my participation in First 5 California's CARES evaluation.

Signature: _____ Date: _____

¹ Agents for First 5 California include county and state contracted evaluators and local First 5 Commissions. CARES is funded by the California Children & Families Commission, the Butte County Children & Families Commission, & the California Department of Education. The project is implemented by Valley Oak Children's Services.

Professional Development Activity Attendance/Participation Form

*Use this form to verify attendance or participation hours at applicable trainings, meetings, or other approved Professional Development Activities (if you did not receive a certificate from the training, meetings).

*Attaching a copy of the brochure/flyer is helpful.

*Please copy this form as needed.

This is to certify that _____ participated in
_____ seminar/workshop/training/other
for _____, on _____ at _____.
Hours Date Location

The Activity included information and training related to:

_____ in the child care field.
Subject Matter

Trainer/Coordinator (Please print): _____

Signature of Trainer/Coordinator: _____

Title: _____

Participant's Name (Please Print): _____

Participant's Signature: _____

PROFESSIONAL GROWTH PLAN

FAMILY, FRIEND AND NEIGHBOR PROGRAM

Participant Name: _____ Date _____

CARES Staff: _____

Goal:

Activities to meet goal:

1.

2.

3.

Goal #2 (optional):

Activities to meet goal:

1.

2.

3.