



Helping Abused, Neglected and Abandoned Children

2435 E. La Jolla Drive, Tempe, AZ 480-838-0085 • www.arizonansforchildren.org

### Application for AFC Programs

- Requests are exclusive to foster children, ages birth to 17, residing in Maricopa County.
- Please indicate which program applicant is applying for:
  - Tutoring and Mentoring Program
  - Life Book program
- Upon receipt, a representative will contact applicant to discuss enrollment and program options.

Program Request: Life Book Tutoring/Mentoring

Referral Source \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to child:

Foster Parent     Case Manager     Relative (explain): \_\_\_\_\_

Group Home Rep.     Shelter Rep.     Other(explain): \_\_\_\_\_

#### Child's Information

Full Name: \_\_\_\_\_

Other resources the child is receiving? \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Placement Type:  Foster Home  Group Home  Shelter  In-Home (with parent)  other: \_\_\_\_\_

#### Caregiver Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

#### CPS Case Manager's Information

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

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

# Arizonans For Children, Inc.

## Child Profile for Life Book or Mentor/Tutoring Program

**Please Note:** Profile information is crucial to the effectiveness of our program and must be filled out completely with attached permission forms signed and submitted before child will be considered for tutor/mentor placement.

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Has either of his/her parents ever been incarcerated: \_\_\_\_\_

Name of School: \_\_\_\_\_ District: \_\_\_\_\_

Name of Teacher(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher or School's Phone # \_\_\_\_\_ Room # \_\_\_\_\_

How long has child been in state custody? \_\_\_\_\_

Reason for placement in state custody: \_\_\_\_\_

\_\_\_\_\_

How long do you anticipate child will remain in state custody? \_\_\_\_\_

Can child make a one year commitment to participation in this program? \_\_\_\_\_

Does the child understand the concept of a tutor/mentor and is he or she willing to participate? \_\_\_\_\_

**Please identify and explain any of the following barriers that may apply to this child:**

Academic History (Challenges): \_\_\_\_\_

Diagnosed Learning Disability: \_\_\_\_\_

Is there a Current IEP w/an Arizona School District? \_\_\_\_\_ Where? \_\_\_\_\_

Diagnosed Psychological Disorder: \_\_\_\_\_

Is the applicant currently seeing a counselor or therapist? \_\_\_ Yes \_\_\_ No

Therapist's Name: \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Any Prescription Medication: \_\_\_\_\_

Any Misdemeanor and/or Felony Convictions: \_\_\_\_\_ please explain: \_\_\_\_\_

Is the child on probation? \_\_\_\_\_

**What skills or everyday situations does this child need assistance with?**

**Please give a brief description of child's interests, general demeanor and attitude:**

## Arizonans for Children, Inc.

### Interest Survey

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in a Tutoring/Mentoring or Life Book Program?
2. Briefly describe your expectations for the Tutoring/Mentoring or Life Book Program:
3. **Mentor /Tutor Program only:** Is your child available to meet with a mentor 2-3 hours per week and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.
4. Are the child and caregiver willing to attend an initial orientation session?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Name all services child is currently receiving (i.e. tutoring, CASA, mentoring programs)
9. Can you provide any additional background information that may be helpful in matching the applicant with an appropriate mentor or Life Book Volunteer?

## Consent for Contact and Release of Information and Liability

**NOTE: Consent form must be signed by case manager before child can be enrolled in an AFC program and/or matched with a tutor/mentor or life book volunteer.**

I, \_\_\_\_\_, the Case Manager for \_\_\_\_\_, do hereby grant permission for AFC Tutoring/Mentoring or Life Book Program to make contact with the above named child and conduct a personal interview for the purposes of applying to be a mentee or life book volunteer. AFC may also make contact with the above named child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the Tutoring/Mentoring or Life Book program and will be allowed access to the CPS files and school records on the child.

I understand that basic information about the above named child will be anonymously (without names) shared with a prospective mentor(s) or life book volunteer to aid in determining a suitable match. Once a match is determined, the above named child and caregiver's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

I agree to have the above named child follow all Tutoring/Mentoring or Life Book program guidelines and understand that any violation on the above named child's part may result in suspension and/or termination of the Tutoring/Mentoring or life book relationship.

I do hereby give my consent for the above named child to participate in all activities and events sponsored by AFC and to be allowed to leave the group home, shelter, or foster home for tutoring sessions, outings, activities, and visits with the AFC staff members and/or volunteers listed below. I also give my permission for said staff members and/or volunteers to meet with the child's teacher(s) and/or guidance counselor, and for the release of school/educational, medical, and mental health care records.

I hereby acknowledge that the above named child will be transported by his/her mentor and/or AFC staff or representatives while participating in the AFC Tutoring/Mentoring or Life Book Program, and that such transportation is voluntary and at his/her own risk.

I understand that, while every effort is made to ensure the health and safety of each participant, some outdoor activities (hiking, backpacking, camping, etc.) can involve risk and may result in injury. I therefore give my authorization for treatment in case of injury to the following AFC staff members and/or volunteers:

\_\_\_\_\_, Child's Tutor/Mentor/ or Life Book Volunteer.

I release the AFC Tutoring/Mentoring or Life Book Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any AFC mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

Signature of Case Manager: \_\_\_\_\_

Printed Name of Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_