Dear Parents,

Thank you for your interest in the TRACES Program. Please find enclosed some program information and an application. We are excited about your interest in our program and welcome your questions.

If you feel that you are interested in applying, please complete the enclosed initial application and questionnaire and call or return the packet to us. We will schedule an office visit as soon as we hear from you.

Sincerely,

Courtney Mauk
Recruiter/Trainer

Enclosures
/ano

TRACES

Foster Care & Adoption

TRACES is a Therapeutic Foster Care Program to serve state custody children in the Eastern Grand Division of Tennessee. The program currently serves 95 children through a continuum of care.

Each home will provide treatment for up to three children ranging from three to eighteen years of age and determined to have a priority need for therapeutic care by the State.

The overall mission of the program is to re-educate and re-socialize each child so that the child can successfully be placed permanently in the community. Goals for each child include:

- Increasing the ability and skills needed to develop and participate in healthy relationships.
- Improving the ability to assess situations and solve problems while taking into account the need of others.
- Increasing self-esteem.
- Learning how to structure free time.
- Increasing independent living skills.
- Increasing rational thinking process.
- Learning how to control impulses.

Please feel free to call if you have any questions, concerns or desire more information.

The TRACES staff of Frontier Health who provide training and 24 hour support for foster care families include:

Division Director Foster Care/Adoptions – Noelle Grimes, LPC

TRACES Team Leader - Cindy Jenkins, BS

TRACES Parent Recruiter/Trainer – Courtney Mauk, BA

Therapeutic Foster Care Specialists – Jayne Merrill, Kara Coalson, Margaret Powers, Paige Smith, Bailey Ward

Therapeutic Foster Care Therapist – Alexus Shepperd

The role of the foster parent is pivotal in the treatment process. The foster family is ultimately responsible for coordinating the activities of the child, relationship building, day-to-day problem solving, transportation, implementation of the behavioral plan, as well as informal training in a wide array of independent living skills. Each parent will receive approximately 60 hours of initial training and 15 hours annually of regularly scheduled on-going training during his/her participation in the program. Parents will meet each month with other trained parents for support and socialization.

Parents will be reimbursed $1,590.00 per month for each Level III, $1290.00 per month for each level II child and $690.00 per month for each level I child placed in their home.

We thank you for your interest in the TRACES Program. Our foster/adoptive parents are not only this programs greatest asset but are a door to the future of our children.

Please feel free to call if you have any questions, concerns or desire more information.

TRACES Parent Application

Applicant _____ _____
(First) (Middle) (Last)

Co - Applicant _____
(First) (Middle & Maiden) (Last)

Telephone #: (home) _____ (cell): _____

(work/emergency): _____

Social Security Number: (husband) _____ (wife) _____

Directions to your house: _____

_____

_____

_____

Applicant's race: _____ Religion: _____

Date and Place of Birth: _____

Employer, Title and Hours: _____

Co-Applicant's race: _____ Religion: _____

Date and Place of Birth: _____

Employer, Title and Hours: _____

Date and Place of Marriage: _____
(Please attach a copy of your marriage certificate)

Previous Marriages: (Date/city/state) _____
(Please attach a copy of your divorce decree)

Have either spouse been employed by or applied for a job with Frontier Health (Watauga Mental Health - Central Appalachian Services – Nolachucky-Holston Area Mental Heath) or Woodridge Hospital?
Yes ☐ No ☐ Applicant ☐ Co-Applicant ☐ Date Employed or Applied _____

Have either spouse received outpatient or inpatient treatment at Frontier Health (Watauga Mental Health - Central Appalachian Services – Nolachucky-Holston Area Mental Heath) or Woodridge Hospital?
Yes ☐ No ☐ Applicant ☐ Co-Applicant ☐ Date(s) _____

Have either spouse served in the Military? Yes ☐ No ☐ If yes, specify applicant ☐ co-applicant ☐

Discharge date _____ Branch _____ Dates of service _____

Discharge status: ○ Honorable or ○ Dishonorable (Circle one)

TYPE OF CHILD YOU HOPE TO FOSTER/ADOPT

Sex: ◯Male ◯Female ◯Either Age Range: Youngest _____ Oldest _____

Sibling group: Yes _____ No _____
If yes, how many children would you consider fostering/adopting at this time? _____

Legal:

Are you currently charged with or have you ever been convicted, placed on probation or received a suspended sentence for:

		Applicant	Co-Applicant
a.	Any crime involving children?	◯Yes ◯No	◯Yes ◯No
b.	Any crime of violence against another person	◯Yes ◯No	◯Yes ◯No
c.	Possession, sale, manufacturing or transportation of drugs?	◯Yes ◯No	◯Yes ◯No
d.	Any other crime? Explain	◯Yes ◯No	◯Yes ◯No

_____
_____
_____

Foster Parent Address List

***Please list all addresses for the last **five** years beginning with your present address

(1) ____/_____/_____ to present

_____
Street

_____
City State Zip

(2) ____/_____/_____ to ____/___/___

_____
Street

_____
City State Zip

(3) ____/_____/_____ to ____/___/___

_____
Street

_____
City State Zip

(4) ____/_____/_____ to ____/___/___

_____
Street

_____
City State Zip

(5) ____/_____/_____ to ____/___/___

_____
Street

_____
City State Zip

(6) ____/_____/_____ to ____/___/___

_____
Street

_____
City State Zip

(7) ____/_____/_____ to ____/___/___

_____
Street

_____
City State Zip

Please give **names, complete addresses, and telephone numbers** of individuals whom we may consult as result as a reference. Select those who know you as parents (such as neighbor, friend or someone from your child's school). Please include **one relative reference** per applicant and three non-relative references per applicant.

1) _____
Name Relationship Street/Apartment

_____
Telephone City State Zip Code

2) _____
Name Relationship Street/Apartment

_____
Telephone City State Zip Code

3) _____
Name Relationship Street/Apartment

_____
Telephone City State Zip Code

4) _____
Name Relationship Street/Apartment

_____
Telephone City State Zip Code

5) _____
Name Relationship Street/Apartment

_____
Telephone City State Zip Code

6) _____
Name Relationship Street/Apartment

_____
Telephone City State Zip Code

7) _____
Name Relationship Street/Apartment

_____
Telephone City State Zip Code

8) _____

Name Relationship Street/Apartment

_____

Telephone City State Zip Code

I give permission to those listed as references to answer questions about my parenting and my ability as a parent to care for special needs children and adolescents. I understand that this information is confidential and not available for my use.

Signed _____ Signed _____ Date_____

Other Members of the Household

Name _____

Sex _____ Date of Birth _____ Social Security Number _____

Relationship _____

School/Grade(or employer) _____

Name _____

Sex _____ Date of Birth _____ Social Security Number _____

Relationship _____

School/Grade(or employer) _____

Name _____

Sex _____ Date of Birth _____ Social Security Number _____

Relationship _____

School/Grade(or employer) _____

Name _____

Sex _____ Date of Birth _____ Social Security Number _____

Relationship _____

School/Grade(or employer) _____

Exclusionary Statement

I/We _____ understand that due to the nature of foster care service for children, commitment and consistency are critical. In order for TRACES staff to best serve their children, as well as their foster parents, any applicant must not be actively participating in any other foster care program. It is also understood that once we are accepted into the TRACES Program and are being considered for placement, we will not apply or accept placement from any other agency (i.e. Department of Children's Services, Department of Human Services, Omni Visions, Inc. Holston Home for Children, etc). We also understand and agree that our completed TRACES Foster / Adoptive home study will be placed in the Tennessee Department of Children's Services TFACTS System.

Please check your current foster parent status:

_____ I/We are currently not participating in any foster care program.

_____ I/We are approved for fostering with another agency but do not have a child in placement. (Please name agency and enclose a letter of resignation)

_____ I/We currently have a foster child placed by another agency. (Only if the plan has already been made for child to be moved, please enclose a letter of resignation after talking with us. We do not encourage **any** foster care disruptions).

Signed: _____ Date: _____

Signed: _____ Date: _____

Disclosure and Authority to Release Information

I understand that TRACES needs to have an investigative consumer report conducted to obtain and verify information relating to my past activities and background as a requirement placed on TRACES by client policy. Information may include, but is not limited to; criminal records, motor vehicle records, Department of Children's Services CPS Database information and any data provided on this application, or during the interview process.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless TRACES and its agent Verified Credentials,LLC, from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials LLC, 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

If employed in Minnesota, California, or Oklahoma;
I would like a copy of any report regarding me. ☐ **YES** ☐ **NO**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name **Legal First Name** **Legal Middle Name**

Street Address

City **State** **Zip Code**

Please list any additional cities and states you have lived in during the past 7 years:

_____ _____ _____

_____ _____ _____

Other Names Used:

Drivers License Number **State Issued** **Expiration Date** **Date of Birth**
(To be used for background information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature **Social Security Number** **Date**

Disclosure and Authority to Release Information

I understand that TRACES needs to have an investigative consumer report conducted to obtain and verify information relating to my past activities and background as a requirement placed on TRACES by client policy. Information may include, but is not limited to; criminal records, motor vehicle records, Department of Children's Services CPS Database information and any data provided on this application, or during the interview process.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

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If employed in Minnesota, California, or Oklahoma;
I would like a copy of any report regarding me. ☐ **YES** ☐ **NO**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name **Legal First Name** **Legal Middle Name**

Street Address

City **State** **Zip Code**

Please list any additional cities and states you have lived in during the past 7 years:

_____ _____ _____

_____ _____ _____

Other Names Used:

_____

Drivers License Number **State Issued** **Expiration Date** **Date of Birth**
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Signature **Social Security Number** **Date**