**Foster Provider Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Completed By: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provider Name: | | |  | | | Site Name: | | |  | |
| Licensed Capacity | | | | |  | Licensed Adult or Child  (please check one) | | | Adult Child | |
| Contact Name: | |  | | | | Address: | | |  | |
| County: |  | | | | |
| Email: |  | | | | | Preferred Method of Contact | | |  | |
| Phone: |  | | | | | | Vacancies: | |  | |
| Preferred Gender: | | | | Male Female Either | | | | Ages Preferred: | |  |

**Site Description**

***Check all that apply:***

Setting:

Urban

Rural

Apartment

Studio Apartment Available

Wheelchair Accessible

Individual able to bring own furnishings for bedroom

Dial-A-Ride availability

Home located on/near the Bend bus line. If so, how close\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside stairs

Inside stairs

Ramps

Access tub

Access shower

Grab bars

Door alarms

Smoking cigarettes allowed outside

Alcohol restrictions: If so, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Willing to make accessible accommodations

If so, pls describe\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fenced yard:

Back

Front

Adaptive alarm

Pets allowed in the Home:

Dog Cat

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals able to bring pet:

If so, include any pet restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**See Reverse Side**

**Appropriate Referrals**

***Please write next to each category ‘Yes’ or ‘No’***

\_\_\_\_\_ Mental Health Supports

\_\_\_\_\_ Seizure Disorder

\_\_\_\_\_ Direct Personal Care Assistance

\_\_\_\_\_ Visually Impaired

\_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ Verbal Aggression

\_\_\_\_\_ Physical Aggression

\_\_\_\_\_ Property Destruction

\_\_\_\_\_ Stealing

\_\_\_\_\_ Wandering/Flight

Behavior

\_\_\_\_\_ Sexual Supports

\_\_\_\_\_ Extensive Family Involvement

\_\_\_\_\_ Complex Medical Issues

\_\_\_\_\_ Formal Behavioral Supports

***Please answer the following questions:***

Level of independence desired:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to accept Basic Rate? Yes No

Are you willing to provide transportation to and from work/college? Yes No

Please describe the cultural values within your home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If desired, please attach a photo of your home/bedroom availability**

*Please feel free to contact Ron Snook anytime you would like to update your information*

*541-322-7609*