**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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**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*