

CHILDREN REMOVED FROM YOU FOR TREATMENT (i.e. AODA, mental health issues, delinquency, etc.): (If any, past or present)

Name	Date	Summary of Circumstances

OTHERS LIVING WITH YOUR FAMILY:

Name	Age	Relationship

RESIDENCE FOR PAST FIVE YEARS: (Indicate whether owned or rented)

Address	Dates

EDUCATION

List any education you have received (i.e. high school, college, graduate, adult education, parenting classes, etc.) Please list name of school and courses.

Please list any community, fraternal, religious, civic, professional, or trade groups to which you belong.

Please list your hobbies and leisure-time activities:

EMPLOYMENT HISTORY FOR LAST FIVE YEARS:

From _____ To _____ Company _____ Address _____	Position _____ Type of Work _____	Annual Income _____	Supervisor's Name _____ Reason for leaving _____
From _____ To _____ Company _____ Address _____	Position _____ Type of Work _____	Annual Income _____	Supervisor's Name _____ Reason for leaving _____
From _____ To _____ Company _____ Address _____	Position _____ Type of Work _____	Annual Income _____	Supervisor's Name _____ Reason for leaving _____
From _____ To _____ Company _____ Address _____	Position _____ Type of Work _____	Annual Income _____	Supervisor's Name _____ Reason for leaving _____

HEALTH HISTORY:

How would you describe your general health? (check one)

_____ Excellent _____ Good _____ Fair _____ Poor

How many times have you been hospitalized in the last 5 years? _____

Reasons for hospitalizations: _____

Date of last physical exam: _____

Have you ever received mental health (MH) treatment or chemical dependency (CD) treatment (i.e. counseling, medications, hospitalizations, etc.)?

_____ No _____ Yes _____ MH _____ CD

If yes, where & when: _____

Do you have any chronic/recurring health problems? If so, please tell us about them:

BACKGROUND INFORMATION:

Have you ever been refused or denied insurance of any kind?

_____ No _____ Yes

If yes, please detail with dates and insurance company: _____

Have you ever been terminated from employment for any reason?

_____ No _____ Yes

Have you ever been convicted as an adult of any offense? (i.e. crimes against children, property damage, etc.)

_____ No _____ Yes

If yes, please detail with dates: _____

Have you ever been convicted or found guilty of any state or local ordinance violations? (i.e. shoplifting, disorderly conduct, etc.)

_____ No _____ Yes

If yes, please detail with dates: _____

Have you ever been convicted or found guilty of any traffic violations?
_____ No _____ Yes

Do you have a juvenile court record?
_____ No _____ Yes

If yes, please detail with dates: _____

Have you or your family ever been investigated, substantiated or unsubstantiated, for child abuse or neglect (including sexual abuse) having allegedly occurred in your family?
_____ No _____ Yes

If yes, when and what was the result: _____

PREVIOUS LICENSURE:

1. Have you ever been licensed, in any capacity, to care for children?
_____ Yes _____ No

a) If yes, what kind of license: _____

b) Name of county and state(s) in which you were licensed: _____

c) Dates for which you were licensed: _____

d) Name of agency(s) with whom you have worked: _____

2. Have you ever had any license revoked, denied, or not renewed?
_____ Yes _____ No

If yes,
State circumstances: _____

a) Name of state(s): _____

b) Name of county(s): _____

c) Dates: _____

d) Name of agency: _____

3. Do you have a current license, in any capacity, to care for children?

_____ Yes _____ No

a) Date you became licensed: _____

b) Name of Agency and address licensed with: _____

4. Have you given a 30 day notice to your current agency? _____ Yes _____ No

5. Are you currently licensed to care for adults? _____ Yes _____ No

a) Name of county and state(s) in which you are (or were) licensed: _____

6. Number of unrelated children you now have in your home: _____

List their ages and sex: _____

PREVIOUS EXPERIENCE:

Have you ever worked professionally with children other than your own (either paid or volunteer work)?

_____ Yes _____ No

Are you willing to sign a release of information form which will allow PATH access to records regarding any information on this application?

_____ Yes _____ No

How have you become aware of the PATH program? _____

REFERENCES For Applicant Name:

Each applicant, list names, addresses and phone numbers of at least **five separate** references (non-related individuals) who know you well enough to comment on your parenting abilities and techniques in working with children. (We will be sending these references a questionnaire to that they will have to return before we can license you. Please be sure all contact information is correct and that your references are willing to complete the questionnaire for you.)

1) Name: _____ Address: _____ _____ City, State, Zip _____ _____ Telephone No: _____ -----	4) Name: _____ Address: _____ _____ City, State, Zip _____ _____ Telephone No: _____ -----
2) Name: _____ Address: _____ _____ City, State, Zip _____ _____ Telephone No: _____ -----	5) Name: _____ Address: _____ _____ City, State, Zip _____ _____ Telephone No: _____ -----
3) Name: _____ Address: _____ _____ City, State, Zip _____ _____ Telephone No: _____ -----	(Optional) Name: _____ Address: _____ _____ City, State, Zip _____ _____ Telephone No: _____ -----

SIGNATURES:

The information I have provided on this application is true and accurate. If PATH grants me a license, I agree to comply with the requirements contained in Wisconsin Rules HFS 56 and HFS 38 and with all PATH policies at all times during the term of the license. I agree that PATH has the right to request any documentation required by Wisconsin Rules or Laws and to inspect my home and its grounds at any time during the hours I provide care to determine whether I am complying with Wisconsin Rules and Laws.

Finally, I agree that any documentation that I provide or representations that I make to PATH during the time I am licensed will be true and accurate and that any misrepresentations or other violations of Wisconsin Rules and Laws may result in conditions/provisions upon my license or revocation.

Signature

Date

Updated 2/08

Please mail completed application to:

Eau Claire PATH Office
4330 Golf Terrace, Suite 204
Eau Claire, WI 54701

(or)

Madison PATH Office
South Towne Office Park
6000 Gisholt Drive, Suite 109
Madison, WI 53713