

Title IV-E BASW Child Welfare Program Application 2015-2016

**Please Type
Deadline February 2, 2015**

Personal Information

Last Name _____ First Name _____ Middle initial _____

Gender _____ Date of Birth _____ Ethnicity _____

SSN _____ Student ID _____ Expected Graduation Date _____

Are you applying as a county employee? Part Time Full Time

Current Home Address

Street Address _____ City _____ State _____ Zip _____

County of Residence _____ How long? _____ Are you a resident of CA? _____

Mobile Phone _____ Email _____

Home Phone _____ Work Phone _____

Mailing Address *(if different from above)*

Street Address _____ City _____ State _____ Zip _____

PO Box _____

Permanent Emergency Contact Information *(preferably a different address)*

	Contact 1	Contact 2	Contact 3
Name	_____	_____	_____
Relationship	_____	_____	_____
Street	_____	_____	_____
City, State, Zip	_____	_____	_____
Phones	_____	_____	_____
Emails	_____	_____	_____

Auto Insurance Information

Driver's License _____ State Issued _____ Exp. Date _____

Automobile Insurance Company _____ Policy # _____

Type of Coverage _____ Exp. Date _____

Insurance Agent Name & Phone Number _____

Background

Have you ever been convicted of a misdemeanor or felony? _____ If yes, please give date(s), location(s), and penalties.

Convictions are evaluated for each position and are not necessarily disqualifying. All information is kept confidential. *Attach separate sheet if necessary*

Citizenship & Veteran Status

Are you a US Citizen? _____ **If not, please provide a copy of your legal documentation.**

Type of Documentation _____ Document Number & Exp. Date _____

Does your legal documentation permit you to work post-graduation? _____ Is there a time limit? _____

Country of Origin _____ Ethnicity/ Race _____

Please Choose if Applicable:

Languages (*other than English, include Sign Language*)

Language 1 _____ Spoken 1 _____ Written 1 _____

Language 2 _____ Spoken 2 _____ Written 2 _____

Language 3 _____ Spoken 3 _____ Written 3 _____

County Employment Information

Are you currently an employee of any county agency? _____ *If no, please skip this section.*

County and agency name _____

Agency Address _____

Job Title _____ Agency Director _____

Current Unit _____ Immediate Supervisor _____

Supervisor's Phone # _____ Length of employment. Year(s) _____ Month(s) _____

County Employee: Please **download & complete a "Reference/Support Form"** and include with application.

Employment History

Attach additional pages if necessary

Employer/Setting _____

Description of Duties:

Dates _____

Volunteer History

Agency/Setting _____

Attach additional pages if necessary

Description of Duties:

Dates _____

Affirmation

Please initial each statement indicating that you **read, understand and agree** to the following requirements for the Title IV-E support:

___ If I am an employee of a county child welfare or social service agency, I agree to provide as part of this application a letter of support from my county director indicating approval of my participation in the Title IV-E BASW Child Welfare Program as a full or part-time student. This letter is to be submitted on or before the final due date;

___ If I am not a county or social service agency employee, I agree to provide three as part of this application (3) letters of recommendation from county personnel, professors, employment supervisors, or a combination of the three to be submitted with my application on or before the final due date;

___ I agree to maintain good standing during full-time or part-time enrollment in the BASW Program and complete the BASW curriculum. "Good Standing" is defined as having a GPA of 2.5 or above;

___ I agree to successfully complete my field placement in a children's services agency and/or a public or non-profit agency serving child welfare clients;

___ I agree to maintain use of an automobile, a valid driver's license, and automobile insurance for bodily injury at all times during my completion of this program;

___ I agree to be fingerprinted and to meet the criminal clearance requirements;

___ I understand my I am obligated to pay back this stipend/award support through one year of employment after graduation in a public child welfare agency. If I am a county employee, I understand that I must return to my supporting agency;

___ I hereby promise to comply with the conditions stated above. I will agree to the provisions of the sample contract (attached) if granted the Title IV-E Child Welfare Stipend;

___ I hereby attest to the fact that I have never been convicted of a felony or a misdemeanor crime involving harm to children. ***Note: The criminal background clearance will disclose felonies and misdemeanors;**

___ I hereby attest to the fact that I have never been discharged from employment at a county or other social services agency due to violation of county code/merit system rules or violation of agency or professional code of conduct and ethics.

Signature: _____

Print Name: _____

Date: _____

Affirmation

I hereby affirm that all information I have provided in this Title IV-E BASW Child Welfare Program Application is true and correct.

Student/Employee Signature: _____

Date: _____

Please continue to Section II of the Application, attached. All parts of the Application must be submitted on or prior to the final due date.

Please mail your application along with your appropriate support letters, sealed and signed on the back of the envelope to:

CAMPUS ADDRESS:

Title IV-E BASW Social Work Training Program
Department of Social Work Education
5310 North Campus Drive, M/S PH 102
Fresno, California 93740-8019
Attn: Cheryl Whittle, ABD, LCSW, PPSC
Title IV-E BASW Program Coordinator

University of California, Berkeley

2.19.04

CSUF

6/21/2011

Section II
Title IV-E BASW Standard Application
Essay Question for Personal Statement

Directions: On separate sheet of paper, please respond to the following set of questions. Make sure that you respond to each question and include your name on each page. Please use headers to organize your responses and present your work in a brief and concise manner. Your entire response must be no longer than 5 double-spaced typed pages.

1. Please describe your current knowledge and understanding of the child welfare system and your interest in working with children and families.
2. What personal characteristics do you have that will help you work successfully in this field?
3. As you think of the diverse clients represented in public child welfare practice, how do you feel these individuals are similar or different from you?
4. How will you deal with any personal or family issues that may present obstacles to your successful completion of this demanding program and payback requirements. How will you deal with such obstacles or challenges as you meet the expectations of this program and the county child welfare agency field placement?
5. What is your understanding of the level of commitment associated with the Title IV-E BASW Child Welfare Stipend Program?
6. In reference to you career goals, where do you see yourself within the next five years?

For Non-County Employees: Three letters of “Reference/Support Forms” are required. These forms may be completed by a professor, advisor or work supervisor. No personal references are permitted. Please download This form from the social work website <http://www.csufresno.edu/socialwork> and ask your reference to *seal the letter in an envelope, sign across the seal* and return the sealed letter to you to be included with your application.

For County Employees: Two letters are required, one from your supervisor or program manager to indicate Approval of your participation within the Title IV-E BASW Child Welfare Program, to include your level of participation i.e., fulltime or part-time, and **one letter of acknowledgement from your county director** see attached sample.

Ask your references to *seal the letter in an envelope, sign across the seal*, and return the sealed letter to you to include with your application.

Check Off List:

Non County-Employee

- ✂ Title IV-E BASW Application
- ✂ Reference Letter #1
- ✂ Reference Letter #2
- ✂ Reference Letter #3
- ✂ Personal Statement

✂ If not a US Citizen: legal documentation

County Employee

- ✂ Title IV-E BASW Application
- ✂ Personal Statement
- ✂ Letter of Support-
(DCFS Child Welfare Director)
- ✂ Letter of Support –
(Supervisor and/or Program Manager)

**FRESNO STATE
DEPARTMENT OF SOCIAL WORK EDUCATION
TITLE IV-E BSW CHILD WELFARE PROGRAM
NON-EMPLOYEE
BSW REFERENCE/SUPPORT FORM**

DATE: _____

APPLICANT NAME: _____

REFERENCE NAME: _____

The above named individual is applying for acceptance into the Title IV-E BSW Child Welfare Stipend Program for the academic year of _____ at CSU/UC at _____. The curriculum for this program is designed to educate and prepare individuals for a beginning level of professional practice within the field of Public Child Welfare. We are seeking individuals who possess a genuine and sincere interest in and commitment to working with at risk children and families within the child welfare system. Because of the challenging nature of this field of practice, it is vitally important that individuals demonstrate the qualities and skills necessary to problem solve and meet the special critical needs present in diverse populations. We are therefore seeking those candidates who strongly represent and adhere to the principles reflected in the NASW Code of Ethics to maintain the standards of the profession of Social Work.

This student has selected you as a source of reference. We are depending upon you to provide us with the information to help us assess this student's suitability to meet the expectations of this program. We strongly believe that it is unethical to admit an applicant who is not committed to working with children and families, whose ability to successfully complete the program is doubtful, or who is not suited for the professional role of Child Welfare Worker. Your thoughtful evaluation of this student's potential and readiness for professional practice and specialization in the field of child welfare is very important to us.

We thank you in advance for your assistance in this matter and ask you to please respond to the following questions. If you need more space, you are welcome to expand your responses on a separate sheet.

1. How long and in what capacity have you known the applicant?

_____ years _____ months

(Specify capacity: supervisor, professor, Advisor, etc.)

2. Please explain what you consider to be the applicant's major areas of strength as a candidate for the specialization in child welfare practice?

3. Please explain what you consider to be the applicant's area of limitation(s) that need to be strengthened to foster success in working with children and families?

4. Using the following scale from 0 to 3, (**0= below standard, 1= average, 2= above average, and 3 = exceptional**), please address the applicant's capacity in the following areas: (**Please use the * symbol if you are unable to evaluate the area based upon lack of opportunity**).

Questions:	0-3 or *of unknown
Demonstrates intellectual ability	
Ability to respect and work with diverse populations	
Sensitivity to the needs and feelings of others	
Ability to establish positive working relationships with others	
Demonstrates professional work habits	
Commitment to values & ethics of the social work profession	
Ability to be accountable for professional practice in working with others	
Willingness to accept direction, recommendations, and/or supervision	
Demonstrates a positive level of common sense/judgment	
Demonstrates acceptable levels of emotional stability	
Demonstrates ability to problem solve utilizing positive strategies	
Ability to complete task/assignments in a timely manner	
Ability to solicit help/assistance when needed	
Ability to effectively communicate in writing	
Ability to effectively communicate verbally	
Applicants overall potential for child welfare social work	

5. Recommendation: (Please check one):

I am unable to make a recommendation at this time. Please explain in "Comments" section on next page.

I do not recommend this applicant for acceptance into the Title IV-E Program.

I recommend this applicant with some reservations, but if admitted, I believe the applicant would benefit from study in the program. Please explain your reservations in "Comments" section below.

I recommend this applicant for acceptance and believe this person will perform at a standard level of performance comparable to most undergraduate students.

_____ I highly recommend this applicant for acceptance and believe this person will perform at a level above most undergraduate students.

_____ I most highly recommend this applicant for acceptance and believe this person will perform at an exceptional level above most undergraduate students.

6. Additional Comments:

Please Print Name of Reference: _____ Date: _____

Signature of Reference: _____

Name of School or organization: _____

Address: _____

Title: _____ Phone #: _____

Email Address: _____

Special Note: Reference/Support Forms will not be accepted without a signature and a date. The deadline date for submitting all relevant information is _____.

Thank you for your time and commitment in fostering quality in social work practice.

Please place your letter in an enclosed envelope, seal the envelope and sign your name across the seal and return the sealed letter to the applicant.

University of California, Fresno

2.04

**SAMPLE LETTER OF SUPPORT/APPROVAL
(COUNTY EMPLOYEE ONLY)**

**(Please give to the County Director of the Dept. of Children and Family Services to prepare
the letter of support using their own letterhead paper)**

TO: Cheryl Whittle, ABD, LCSW,PPSC
Title IV-E BASW Coordinator
Department of Social Work Education
5310 N. Campus Drive, M/S PHS-102
Fresno, CA 93740-8019

_____ is an employee of (Name of County who works within the (Name of Department or Task Unit). Mr. or Ms. has informed me of their desire to return to school to pursue a Bachelor of Arts Degree in Social Work at California State University, Fresno with a specialization in Child Welfare Practice.

Mr./Ms. (Name of applicant) has been employed with (Name of County/Department/Unit) since (date of employment). She/he has expressed a sincere interest in working with at risk youth and their families and plans to seek employment within the Department of Children and Family Services Department upon completion of all degree requirements. According to _____'s program manager, (please state their name), he/she is aware that this employee will be required to complete the payback requirements of the child welfare stipend program by securing employment within a child welfare setting. As Director of _____ County Department of Children and Family Services, I have consulted with this employee's immediate supervisor and program manager and we collectively offer this letter of support for this employee whom we find to be committed to county services and believe this person to be a good candidate for the child welfare stipend program. We are not however at a point where we can guarantee a position for this employee within the child welfare agency at the time when this employee plans to graduate from the program. We are prepared to offer our acknowledgement and support of this worker's educational pursuits and look forward to their continued employment with _____ County in the near future.

If you have any further questions, you may contact me at _____.

Sincerely,

John Doe, Director
Department of Children & Family Services