

Title IV-E BASW Child Welfare Program Application for Academic Year 2021-22

**Please Type
Deadline January 31, 2021**

*Revised - Extended Deadline - February 5, 2021

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? Yes No Are you applying for Full Time Part Time

Admittance into the Part Time program is limited to current employees of CWS, DSS, CDSS or Tribal agencies.

Personal Information

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 _____ City _____ State _____ Zip _____

Permanent Emergency Contact Information (preferably a different address)

Contact 1

Contact 2

Contact 3

Name _____

Relationship _____

Street _____

City, State, Zip _____

Phones _____

Emails _____

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 _____

Are you currently enlisted in any branch of the U.S. Military? Yes No If yes, please provide

Documentation. Are you a Veteran of any branch of the U.S. Military? Yes _____ No _____

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 _____

Auto Insurance Information (**Required**)

Driver's License _____ State Issued _____

Exp. Date _____

Automobile Insurance Company _____

Policy # _____

Type of Coverage _____

Exp. Date _____

Insurance Agent Name & Phone Number

County Employment Information (Required for part-time applicants only)

Please list county agency? _____

County and agency name _____

Agency Address _____

Job Title _____ Agency Director _____

Task Area/Current Unit _____

Immediate Supervisor _____ Supervisor's Phone: _____

Length of employment. Year(s) _____ Month(s) _____

Employment History and/or Volunteer History:

- **Please attach a resume**

Background:

Please Note:

You will be required to do a fingerprint and background check for your field placement. Is there any information you would like to share that *may* disqualify you for your internship and/or employment in Child Welfare Services? Please feel free to talk to the BASW coordinator. This is optional to respond, however if there is criminal background history you *may* be disqualified from the program.

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 recommendation from my county supervisor/program manager, a letter of recommendation from a past employer/teacher/etc. with my application, and upon acceptance a letter of support from my county director indicating approval of my participation in the Title IV-E BASW Child Welfare Program as a 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, 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 Child Welfare 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 that I am obligated to pay back this stipend/award support through one year of employment after graduation in a public/Tribal child welfare or CDSS agency. If I am a county employee, I understand that I must return to my supporting agency;

I hereby confirm 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. 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:

CAMPUSADDRESS:

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, Ph.D., LCSW
Title IV-E Program Coordinator

Or

You can also drop off in the Title IV-E office
(PHS 115) and/or the black drop box
located outside the office for after hour
drop off.

Fresno State 10.8.19

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/ Child Protective Services 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 they are similar or different from you?
4. What are steps you would take in dealing with possible personal challenges while meeting your senior year and Title IV-E program expectations?
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 your career goals, where do you see yourself within the next five years?

Please download this form from the Title IV-E website: <http://www.fresnostate.edu/chhs/social-work/title-ive/titleiveforms.html>

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. 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: Three reference forms are required, one from your County Supervisor/Program Manager, One completed by a professor, advisor or past employer, and (upon acceptance) **a Letter of Support from your County Director** to indicate approval of your participation within the Title IV-E BASW Child Welfare Program. No personal references are permitted.

- 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.
- When turning in your application please specify and write “BASW” of the front on envelope. Any time after hours please drop off in our drop box located outside of the Title IV-E office.

Check Off List:

- | | |
|---|--|
| ➤ Title IV-E BASW Application (Full-time) | ➤ Title IV-E BASW Application (Part-time) |
| ➤ Personal Statement | ➤ Personal Statement |
| ➤ Reference Letter #1 | ➤ Reference Letter- Agency Supervisor/Program Manager |
| ➤ Reference Letter #2 | ➤ Reference Letter- Advisor, Professor, Past Employer |
| ➤ Reference Letter #3 | ➤ Letter of Support- County Director (Upon Acceptance in IV-E Program) |
| ➤ If not a U.S Citizen: Legal Documentation | |