



# RESIDENTIAL PARENTING PROGRAM PARTICIPANT APPLICATION

Name \_\_\_\_\_ DOC number \_\_\_\_\_ Due date \_\_\_\_\_

Case manager \_\_\_\_\_ Custody level \_\_\_\_\_ Earned release date \_\_\_\_\_

Planned release address (i.e., street, city, state, zip code) \_\_\_\_\_

Number of previous pregnancies \_\_\_\_\_ Number of full-term deliveries \_\_\_\_\_ Number of living children \_\_\_\_\_

NAMES OF CHILDREN	DATE OF BIRTH	LIVING WITH NAME AND RELATIONSHIP

Father of current pregnancy \_\_\_\_\_ Phone number \_\_\_\_\_ Currently incarcerated?  Yes  No

Father's address (i.e., street, city, state, zip code) \_\_\_\_\_

Does the father plan to actively participate in the parenting of this child?  Yes  No  Don't know

Are you eligible for Temporary Assistance for Needy Families (TANF)?  Yes  No  Don't know

Have you ever been arrested for any crimes involving children?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any court-ordered restrictions related to children?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any prior/current involvement with any child protective service agency?  Yes  No

If yes, explain (does not automatically disqualify you): \_\_\_\_\_

Do you have any court-ordered restrictions related to children?  Yes  No

If yes, explain: \_\_\_\_\_

Case worker, if applicable \_\_\_\_\_ Phone number \_\_\_\_\_

**EMERGENCY CAREGIVERS**

Complete DOC 20-336 Residential Parenting Program Emergency Caregiver Application for each prospective emergency caregiver

**CAREGIVER #1**

Name: \_\_\_\_\_ On approved visit list?  Yes  No  
Relationship to you: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (i.e., street, city, state, zip code)

Home phone number \_\_\_\_\_ Cellular phone number \_\_\_\_\_ Work/alternate phone number \_\_\_\_\_

Does this person or anyone living in the household have a criminal record for any crimes involving children?  Yes  No

If yes, explain: \_\_\_\_\_

**CAREGIVER #2**

Name: \_\_\_\_\_ On approved visit list?  Yes  No  
Relationship to you: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (i.e., street, city, state, zip code)

Home phone number \_\_\_\_\_ Cellular phone number \_\_\_\_\_ Work/alternate phone number \_\_\_\_\_

Does this person or anyone living in the household have a criminal record for any crimes involving children?  Yes  No

If yes, explain: \_\_\_\_\_

**SUPPORTING INFORMATION**

Explain why you want to participate in the Residential Parenting Program. Why do you believe this placement would be in the best interest of your child(ren)?

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CASE MANAGER USE ONLY**

Comments:

Case manager \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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