

Provider information exchange form

-Parent/guardian to keep-

Date: _____

Provider Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

e-mail: _____

Please describe your life or career experiences (or special training) that will help you have positive interaction with my child:

Will you be responsible for other children while you provide respite for my child? Yes No
If yes, please describe: (include gender, ages, and any impact this may have on the attention my child will require)

Are there firearms or dangerous equipment at your home? Yes No

If yes, are they secure? Yes No

If there is alcohol, or prescription drugs at your home, are they secure? Yes No

Can you describe a positive experience you have had working with a child who has behavioral health challenges? Yes No

If yes, please describe:

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Please describe your approach to “consequences or discipline”:

Please share any rules you have where you provide respite:

Please list any items you prefer youth to leave at home: (electronics, toys, etc.)

Please describe how you will help my child achieve developmental milestones. (Example: provide space and support for infants to stretch, roll, sit, crawl, etc.)
