



Daybreak
P. O. Box 1775
Burleson, Texas 76097-1775
817/447-2700 Fax: 817/447-3033

DAYBREAK CONTRACT APPLICATION

Application Instructions:

1. Please type or print clearly in black ink.
2. Insure the application and supporting documents are signed prior to being submitted.
3. Complete ALL information on the application form.
4. You may attach supporting documents.
5. On the three (3) Reference Forms, complete the top section ONLY. Insure address with phone numbers is provided. Please DO NOT use family members as references.

PLEASE NOTE: THESE INSTRUCTIONS MUST BE FOLLOWED IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

Application Procedures:

1. All applications are maintained on file for a period of one (1) year. If you would like to request us to continue to keep your application on file, please contact our Contracts Coordinator to maintain your application and inform her of any changes to your application.
2. All applications are reviewed for completeness and qualification match, and then referred to the appropriate Area Regional Director for review.
3. Only those applicants selected for further processing will be contacted by phone.
4. If contacted for further processing, an environmental evaluation will be completed to finalize the application process.

Thank you for your interest in Daybreak!

*If you should, have any questions, please contact our
Contracts Coordinator at the number above.*

**Daybreak
P. O. Box 1775
Burleson, Texas 76097-1775**

I understand and agree that,

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if contracted with, termination of the foster care contract.
2. It is my understanding that Daybreak will make a thorough investigation of my entire work and personal history and may verify all data given in my application for consultant, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Daybreak, and I release from liability any person giving or receiving any such information. I understand that falsification of data or other derogatory information discovered, as a result of this investigation, may prevent my being contracted with, or if currently contracted with, may subject the contract to be terminated immediately. I understand that Daybreak is required to conduct a criminal conviction check on me and other adult persons residing in my home. A criminal conviction check will be requested by Daybreak before an offer for a contract to provide foster/companion care services is made.
3. I agree that the contract may be terminated by this Agency at any time without liability for fees, except such as may have been earned at the date of such termination. After the contract is in effect, I understand and agree that Daybreak may perform routine environmental and safety checks of my residence.

I understand that if I am contracted with, such contract is for an indefinite period of time, and Daybreak can amend my contract at any time.

I have read and understand the above.

Applicant's Signature: _____ Date: _____

For faster consideration, please provide copies of the following documents,

- Drivers License
- Social Security
- HS Diploma / GED
- Auto Insurance
- Home / Renters Insurance

Daybreak Application

PO Box 1775 Burseson, Texas 76097-1775 Phone (817) 447-2700 Fax (817) 447-3033

APPLICANT NOTE

This application is intended for use in evaluating your qualifications for foster care. This is not a foster care contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after placement, terminating foster care agreement. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion or physical disability.

APPLICANT INSTRUCTIONS

1. Complete all information on the application form using blue or black ink.
2. If more space is needed to complete any question, use the back page of the application.
3. Print clearly; incomplete or illegible applications may not be processed.
4. Provide only requested information. Failure to do so may result in disqualification of your application.
5. Your signature is required. Applications submitted without a signature may not be considered.

1. PERSONAL INFORMATION

Name (Last, First, Middle)	Social Security No.*	TX Driver's License No.*	Date of Birth
Mailing Address	City	Zip Code	Home Telephone No. () -
Physical Address	City	Zip Code	Business Telephone No. () -
Previous Address	City	Zip Code	Email Address

***Indicate if you do not have a Social Security number or a Texas driver's license.**

Have you had any moving violations within the last seven years? Please describe _____

Are you currently a Daybreak employee? ____Yes ____No If so, where: _____

Are you a former Daybreak employee? ____Yes ____No if so, when: _____ Area: _____

Do you have any family members currently employed with Daybreak or serving as a board member? ____Yes ____No

If yes, please list name(s) and relationship(s)

Referral Source: _____

List ALL residents or employees that will be in direct contact with consumer.

NAME (Last, First, Middle)	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TX DRIVER'S LIC. NO.*	RELATIONSHIP

*Indicate if you do not have a Social Security number or a Texas driver's license. Please use back or additional sheet if needed. *

2. EDUCATION

Elementary or High School (circle years completed)	Did you graduate _____ Yes _____ No
1 2 3 4 5 6 7 8 9 10 11 12	Or, receive a GED _____ Yes _____ No

NAME OF SCHOOL	LOCATION (City & State)	DATES ATTENDED				GRAD- UATED (Yes/No)	TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
		From Mo.	Yr.	To Mo.	Yr.			
College or University								
Technical or Vocational								

Describe any other special training you have had which you feel is pertinent, including Continuing Education Units. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold. Include license #s, license expirations, and licensing agency.

3. EMPLOYMENT AND EXPERIENCE

List all positions held within the last 10 years beginning with current or last employer. Please use the back of this page or insert an additional page, if necessary.

DATES EMPLOYED (Month/Year)		POSITION	Full Time	Part Time	Sea- sonal	EMPLOYER	ADDRESS
From	To						

A. Describe the duties of each position listed above that were in the areas of providing services for persons with developmental disabilities.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

4. PREVIOUS LICENSES/REGISTRATIONS

A. Have you ever contracted with Daybreak? _____ Yes _____ No _____ Current.

If "Yes," for whom (Provider/Agency):	Address (Street, City, Zip)
Dates:	If you were registered under another name, what was the name?

B. Has Daybreak or any other provider or state agency ever registered or listed you to care for individuals with developmental disabilities....._____ Yes _____ No

If "Yes," for whom (Provider/Agency):	Address (Street, City, Zip)
When were you registered or listed? From: _____ To: _____	If you were registered under another name, what was the name?

**Use the back of this page or insert an additional sheet, if necessary.*

C. Have you ever been denied a license or registration to care for individuals with developmental disabilities? _____ Yes _____ No

If "Yes," by whom (Provider/Agency):	Address (Street, City, Zip)
When were you denied?	For what type of services were you denied?

D. Have you ever had a license or registration revoked or suspended....._____ Yes _____ No

If "Yes," by whom (Provider/Agency):	Address (Street, City, Zip)
When were you denied?	What was the reason for the revocation or suspension?

5. HEALTH

A. During the past 10 years, have you or has any person listed in Item 1 had any handicapping conditions; chronic conditions, or serious physical, mental, or emotional illnesses?....._____ Yes _____ No

If "Yes," please give the name of the person(s) and describe. Include a description of any vision or hearing problem, any limitations on mobility, and any history of alcohol or drug abuse. Include treatment and current status. Use additional sheets, as necessary.

Name of the person(s)	Description

B. What is your current health condition?....._____ Excellent _____ Good _____ Fair _____ Poor

6. SECURITY

A. List states and counties of residence for the past seven years. _____

B. Have you ever used any names or SSN other than given above? If so, please list. _____

C. Have you or has any person listed in section 1 ever been investigated for Abusing or Neglecting any individual in your care by the following agencies?

Texas Department of Protective and Regulatory Services..... Yes No

Law enforcement agency (police, sheriff, etc)..... Yes No

Other (specify)..... Yes No

If "Yes" to any of the above, what agency were you providing services for?	When did this occur?
Brief outcome of the investigation:	Where?

C. Have you or any person listed in Item 1 been convicted of a crime (felony or misdemeanor) In the past..... Yes No

Please note: Falsification or omission of information regarding a conviction is a terminable offense. (A conviction will not necessarily bar you from foster care. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of the offense, time since last conviction, and nature of job sought and rehabilitation effort will be reviewed.)

If yes, please describe below.

Name of Person	Date of Conviction	Location (City, State)	Charge

Give details including type of conviction and disposition:

E. Do you or does any person listed in Item 1 have a felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication?..... Yes No
If yes, please describe below.

Name of Person	Type of Charge	County where charges are pending or length of deferred sentence.

Give details:

Please read and sign the Statement of Employability contained in this application regarding specific crimes.

7. COMMENTS

CERTIFICATION AND RELEASE *Please review the following statements carefully.*

In consideration of becoming a contractor for Daybreak; I agree to conform to the policies and procedures of the company. I understand that in accepting this application, Daybreak Community Services, Inc. d/b/a Daybreak is in no way obligated to secure my placement in providing foster/companion care services and that I am not obligated to accept an offer, if made, to provide foster/companion care. Furthermore, if accepted, I understand that I am accepted at will and that my contractor agreement can be terminated with or without cause, and with or without notice at any time.

I certify that the answers given by me on this application to provide services are true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time while providing foster/companion care services.

I authorize Daybreak Community Services, Inc. d/b/a Daybreak and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize former employers, persons, schools, companies, state agencies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies, state agencies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs, alcohol and inhalants is prohibited by Daybreak Community Services, Inc. d/b/a Daybreak. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs, alcohol or inhalants prior to and during providing foster/companion care services.

SIGNATURE _____ DATE _____

EQUAL OPPORTUNITY EMPLOYER

Daybreak Community Services, Inc., dba Daybreak

Statement of the Ability to Contract

APPLICANT

By execution of this document, I acknowledge that I have been informed by Daybreak that a criminal history check will be performed on my name. I have informed this agency of all names that I have used in the past. I understand that I may be selected on an emergency basis and that my foster care is contingent upon successful completion of the background check including a criminal history check.

The guidelines set by the State of Texas and governing all Home and Community Supports and Services Agencies dictate that a conviction of any of the crimes listed below will bar foster care with this agency regardless of when the crime was committed.

- An offense under chapter 19, Penal Code (criminal homicide):
- An offense under chapter 20, Penal Code (kidnapping and unlawful restraint):
- An offense under section 21.11, Penal Code (indecent with a child):
- An offense under section 22.011, Penal Code (sexual assault):
- An offense under section 22.02, Penal Code (aggravated assault):
- An offense under section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual):
- An offense under section 22.041, Penal Code (abandoning or endangering a child):
- An offense under section 22.08, Penal Code (aiding suicide):
- An offense under section 25.031, Penal Code (agreement to abduct from custody):
- An offense under chapter 25.06, Penal Code (solicitation of a child):
- An offense under chapter 25.11, Penal Code (sale of purchase of a child):
- An offense under chapter 28.02, Penal Code (arson):
- An offense under chapter 29.02, Penal Code (robbery): or,
- An offense under chapter 29.03, Penal Code (aggravated robbery):

Further, employment with this agency shall also be barred if you were convicted of any of the following offences within the last five (5) years:

- An offense under section 22.01, Penal Code (assault), punishable as a Class A misdemeanor or as a felony;
- An offense under section 30.02, Penal Code (burglary)
- An offense under Chapter 31, Penal Code (theft), that is punishable as a Class A misdemeanor or as a felony;
- An offense under section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or,
- An offense under section 32.46, Penal Code (securing execution a document by deception), that is punishable as a Class A or a felony.

My signature on this document indicates that I have not been convicted of any of the above listed crimes. I also understand that if I have been convicted of any offense(s), that I must disclose this information on the foster care application or other contract information requests and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

Signature _____

Printed Name _____

Date _____ Date of Birth _____

All criminal history information obtained by this agency will remain confidential.

Daybreak Community Services, Inc., dba Daybreak

Statement of the Ability to Contract

ALL INDIVIDUALS OVER 14 YEARS OF AGE

By execution of this document, I acknowledge that I have been informed by Daybreak that a criminal history check will be performed on my name. I have informed this agency of all names that I have used in the past. I understand that I may be selected on an emergency basis and that my foster care is contingent upon successful completion of the background check including a criminal history check.

The guidelines set by the State of Texas and governing all Home and Community Supports and Services Agencies dictate that a conviction of any of the crimes listed below will bar foster care with this agency regardless of when the crime was committed.

- An offense under chapter 19, Penal Code (criminal homicide):
- An offense under chapter 20, Penal Code (kidnapping and unlawful restraint):
- An offense under section 21.11, Penal Code (indecent with a child):
- An offense under section 22.011, Penal Code (sexual assault):
- An offense under section 22.02, Penal Code (aggravated assault):
- An offense under section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual):
- An offense under section 22.041, Penal Code (abandoning or endangering a child):
- An offense under section 22.08, Penal Code (aiding suicide):
- An offense under section 25.031, Penal Code (agreement to abduct from custody):
- An offense under chapter 25.06, Penal Code (solicitation of a child):
- An offense under chapter 25.11, Penal Code (sale of purchase of a child):
- An offense under chapter 28.02, Penal Code (arson):
- An offense under chapter 29.02, Penal Code (robbery): or,
- An offense under chapter 29.03, Penal Code (aggravated robbery):

Further, employment with this agency shall also be barred if you were convicted of any of the following offences within the last five (5) years:

- An offense under section 22.01, Penal Code (assault), punishable as a Class A misdemeanor or as a felony:
- An offense under section 30.02, Penal Code (burglary)
- An offense under Chapter 31, Penal Code (theft), that is punishable as a Class A misdemeanor or as a felony:
- An offense under section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony: or,
- An offense under section 32.46, Penal Code (securing execution a document by deception), that is punishable as a Class A or a felony.

My signature on this document indicates that I have not been convicted of any of the above listed crimes. I also understand that if I have been convicted of any offense(s), that I must disclose this information on the foster care application or other contract information requests and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

Applicant's Signature _____

Printed Name _____

Date _____ Date of Birth _____

All criminal history information obtained by this agency will remain confidential.

Daybreak Community Services, Inc., dba Daybreak

Statement of the Ability to Contract

ALL INDIVIDUALS OVER 14 YEARS OF AGE

By execution of this document, I acknowledge that I have been informed by Daybreak that a criminal history check will be performed on my name. I have informed this agency of all names that I have used in the past. I understand that I may be selected on an emergency basis and that my foster care is contingent upon successful completion of the background check including a criminal history check.

The guidelines set by the State of Texas and governing all Home and Community Supports and Services Agencies dictate that a conviction of any of the crimes listed below will bar foster care with this agency regardless of when the crime was committed.

- An offense under chapter 19, Penal Code (criminal homicide):
- An offense under chapter 20, Penal Code (kidnapping and unlawful restraint):
- An offense under section 21.11, Penal Code (indecent with a child):
- An offense under section 22.011, Penal Code (sexual assault):
- An offense under section 22.02, Penal Code (aggravated assault):
- An offense under section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual):
- An offense under section 22.041, Penal Code (abandoning or endangering a child):
- An offense under section 22.08, Penal Code (aiding suicide):
- An offense under section 25.031, Penal Code (agreement to abduct from custody):
- An offense under chapter 25.06, Penal Code (solicitation of a child):
- An offense under chapter 25.11, Penal Code (sale of purchase of a child):
- An offense under chapter 28.02, Penal Code (arson):
- An offense under chapter 29.02, Penal Code (robbery): or,
- An offense under chapter 29.03, Penal Code (aggravated robbery):

Further, employment with this agency shall also be barred if you were convicted of any of the following offences within the last five (5) years:

- An offense under section 22.01, Penal Code (assault), punishable as a Class A misdemeanor or as a felony;
- An offense under section 30.02, Penal Code (burglary)
- An offense under Chapter 31, Penal Code (theft), that is punishable as a Class A misdemeanor or as a felony;
- An offense under section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or,
- An offense under section 32.46, Penal Code (securing execution a document by deception), that is punishable as a Class A or a felony.

My signature on this document indicates that I have not been convicted of any of the above listed crimes. I also understand that if I have been convicted of any offense(s), that I must disclose this information on the foster care application or other contract information requests and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

Signature _____

Printed Name _____

Date _____ Date of Birth _____

All criminal history information obtained by this agency will remain confidential.

Daybreak

Reference Form

Check one only Employment Reference Personal Reference (exclude family members)

Date: _____

To: _____
Please Print

Address: _____
Street City State Zip

Telephone (include area code) _____

From: _____
Please Print Applicant's Name

I have made application for foster care with Daybreak Community Services, Inc, dba Daybreak and want them to be informed as to my previous work record and character. Therefore, I hereby authorize Daybreak to investigate my past records. I also give my permission to you to complete this Reference Form and I release all former employers, persons, schools, and companies from any liability for any damage whatsoever for issuing this information.

Applicant's Signature Date
Applicant's Signature

For Reference To Complete:

Relationship with applicant Employer Coworker Friend

How long have you known applicant? _____

Do you believe this person has the ability to provide a safe, healthy environment for individuals with developmental disabilities? Yes No

Why? _____

Employers Only

Dates Employed _____ To _____ Position held _____

Salary _____ Reason for leaving _____

Would you rehire? Yes No Why? _____

Comments

Signature and Title (if applicable) of Person Completing Form _____ Date _____

