



Dear Respite Provider Candidate,

Thank you for your interest in becoming a respite provider for the NAMI Maine Family Respite Program. Once approved you will become a per diem employee of the National Alliance on Mental Illness of Maine (NAMI Maine). You will be able to work up to 29 hours per week providing respite services.

**Please use the chart on the third page of this application to help you complete all the steps required for your application.**

Please return all forms to the NAMI Maine address below. Do not send the Child Protective Request form to DHHS and do not send \$15. We require background checks on you and any other adult (18 or over) living in your home. We cover the costs for all background checks.

A brief phone interview is conducted as part of the respite provider application process. A regional manager will contact you to set up the interview.

Once we have received and reviewed your completed application and background checks, a decision will be made. If approved, you will be required to attend a NAMI Maine employment orientation. This orientation takes approximately two hours and it is a great way to get an overview of NAMI Maine and the Family Respite Program. Upon approval, you can schedule your orientation with your Regional Respite Manager.

We are here to help. Please do not hesitate to call or email me with any questions you may have about the application process. I can be reached at 622-5767 ext. 2314 or [chelsay@namimaine.org](mailto:chelsay@namimaine.org).

Again, thank you for your interest in the Family Respite Program and NAMI Maine.

Sincerely,

*Chelsay Evans*

Respite Application Specialist

*NAMI Maine programs are supported by the federal government, the Maine Department of Health and Human Services, private foundations, and individual contributions.*

52 Water Street, Hallowell, ME 04347  
Helpline: (800) 464-5767 | Phone: (207) 622-5767 | Fax: (207) 621-8430 | [www.namimaine.org](http://www.namimaine.org)



**Job Posting:** Family Respite Provider – NAMI Maine Family Respite Program

**Position Type:** Per Diem, up to, but no more than 29 hours per week

**Reports To:** Regional Manager, NAMI Maine

**Hourly Rate:** \$11.00 or \$13.25 per hour depending on qualifications

**Schedule:** Flexible, 0- 29 Hours/Wk., based on family needs, provider availability, geographic compatibility

**Job Locations:** Statewide opportunities

**Methods of Application:** Mail, Email or Fax

**Job Description:** Respite providers support family caregivers or guardians who are caring for children with disabilities who have qualified for respite services by providing a temporary, planned break from care giving so that parents or guardians may run errands, recreate or simply get a breather from providing care. Respite providers may be qualified as professional educators, service providers or use life experiences to meet certification requirements. Respite Providers may care for children and assist respite families by providing a planned temporary break. Relatives, friends, neighbors or other individuals familiar with the needs of the child may qualify to provide respite care. Providers must be current in CPR, First Aid, Blood Borne Pathogens, and Mandated Reporting. All providers must complete an all day course in Youth Mental Health First Aid within 6 months of employment. Care may be provided in the family's home, the provider's home, or community settings as defined by the families' needs. *Work hours are not guaranteed.*

**Education and Qualifications:** A NAMI Maine Respite Provider must be at least 18 years old. Applicants should have experience working with children with disabilities or personal experience with a specific family raising a child with special needs. All respite providers are required to be certified as a respite provider based on the Respite Care Certification guidelines found on our website. Additional skills may also include: understanding of the complex needs of families with children who have disabilities, good communication skills and the ability to manage difficult behaviors and care for children who are medically fragile. Providers must be able to work independently. A familiarity with mental health, child welfare and service delivery systems is helpful. All qualified applicants shall receive consideration for employment without regard to race, sex (including pregnancy and gender identity), paternal status, age, ethnicity, sexual orientation, religious belief, national origin, color, veteran status, political affiliation, or physical or mentally handicapping conditions.

**FMI Contact:** Chelsay Evans, Respite Application Specialist

**Phone:** (207) 622-5767 x 2314 **Email:** [chelsay@namimaine.org](mailto:chelsay@namimaine.org)

*NAMI Maine programs are supported by the federal government, the Maine Department of Health and Human services, private foundations, and individual contributions.*

52 Water Street, Hallowell, ME 04347  
Helpline: (800) 464-5767 | Phone: (207) 622-5767 | Fax: (207) 621-8430 | [www.namimaine.org](http://www.namimaine.org)

**FAMILY RESPITE PROVIDER APPLICATION CHECKLIST**

Use this checklist to help you complete your application.

✓	Application Requirements	Details and Instructions
	You must be at least 18 years old	
	Have a High School Diploma or GED	
	Fill out and sign the NAMI Maine Family Respite Provider Application	
	Provide documentation of 30 hours or more of child related education or pass the online Respite For Me test	Behavioral Health Professional certification or equivalent academic courses or degree
	Provide two (2) references	Use forms provided in application
	You must be certified in First Aid/CPR and Blood Borne Pathogens	Provide current certification or obtain certification online from sites on NAMI Maine website. We will reimburse up to \$50 of the cost for these certifications.
	Provide work history or resume	Send in with application
	Participate in a brief phone interview	Your regional manager will contact you once your application is complete
	Submit Mandated Reporting Training	Send in current certificate or complete on line training at <a href="http://www.maine.gov/dhhs/ocfs/documents/MandatedReporterOnline_JUN2017.pdf">http://www.maine.gov/dhhs/ocfs/documents/MandatedReporterOnline_JUN2017.pdf</a>
	Agree to background checks on you and all household members 18 or over. NAMI Maine conducts child protective, criminal, motor vehicle, and sex offender background checks.	Submit signed permission forms for you and all household members 18 or older. NAMI Maine covers all costs of background checks.



Mail your completed application to:

NAMI Maine Family Respite Program  
ATTN: Chelsay  
52 Water Street  
Hallowell, Maine 04347

OR

Fax to 207-621-8430

OR

Scan and Email to [chelsay@namimaine.org](mailto:chelsay@namimaine.org)

If you have any questions about the application process contact Chelsay Evans,  
NAMI Maine Respite Application Specialist.

1-800-464-5767 or 622-5767 x 2314

[chelsay@namimaine.org](mailto:chelsay@namimaine.org)

No application will be approved until all requirements of the application process are complete.

Once we have received all the required application information please allow 2 weeks for your completed application to be processed and considered for approval.

NAMI Maine reserves the right to decline to move forward in the hiring process of any applicant.



**NAMI MAINE FAMILY RESPITE PROVIDER (PER DIEM) APPLICATION**

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Physical Address (if different from mailing address) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email (Required) \_\_\_\_\_

1. Have you ever worked as a respite provider?  Yes  No
2. Has a respite family asked you to become their respite provider?  Yes  No

If yes, please provide name of family \_\_\_\_\_

3. How did you learn about this position? \_\_\_\_\_

4. A brief phone interview is part of the application process.  
When is a good time for us to contact you? \_\_\_\_\_

**EDUCATION/TRAINING/WORK HISTORY**

Applicants must provide documentation that they have a minimum of thirty (30) hours of training/education related to working with children/children with special needs. This may be provided in the following way.

- 1) Submit copies of certificates, diplomas, credentials, etc. that demonstrate a minimum of thirty (30) hours of training/education related to working with children/children with special needs.
- 2) In addition to the above, please provide a copy of your resume or work history.

## **ADDITIONAL REQUIREMENTS**

1. **Two references.** References must be provided using the reference forms are included in this application packet. Please sign the reference forms before giving to the individuals who will be providing the references.
2. **Current certifications in First Aid, Blood Borne Pathogens (BBP) and CPR.** If you are not currently certified in these three areas you will find online resources for training on our website at [www.namimaine.org](http://www.namimaine.org)
3. **Proof of training in mandated reporting.** Provide current certificate or go to [http://www.maine.gov/dhhs/ocfs/documents/MandatedReporterOnline\\_JUN2017.pdf](http://www.maine.gov/dhhs/ocfs/documents/MandatedReporterOnline_JUN2017.pdf) to obtain certification and send in your certificate upon completion.

## **ADDITIONAL INFORMATION (optional)**

In the space provided please share any educational, work or personal experiences you have that you feel are relevant to becoming a respite provider. You may use additional paper if necessary.

## BACKGROUND CHECKS REQUIREMENT

**NAMI Maine conducts background checks on all respite provider applicants as well as on every member of the applicant's household who are age eighteen (18) and older.**

This includes criminal, motor vehicle, child protective services and the national sex offender registry. Applicants with a substantiated case of child abuse or neglect, crimes against children or other offenses towards a vulnerable population will not be considered for employment.

1. Have you ever been investigated for abuse, neglect or exploitation of a minor or vulnerable adult?  Yes  No
2. Do you have a criminal record?  Yes  No
3. Have you had any motor vehicle accidents, convictions or violations within the past 5 years?  Yes  No
4. Has your driver's license ever been revoked or suspended?  Yes  No

**You will be contacted for additional information if you answered yes to any of the above questions.**

### **BACKGROUND CHECKS PERMISSION FORMS (Part 1)**

#### **APPLICANT PERMISSION FOR BACKGROUND CHECKS**

I understand that NAMI Maine will conduct criminal, child protective services, motor vehicle and sex offender backgrounds checks on me and other members of my household eighteen (18) and older as part of the application process to become a certified respite provider. I understand that a separate permission form must be completed and signed by each individual in my household age eighteen and older in order to carry out the required background checks.

I am providing the following information on myself to allow the required background checks to be carried out.

Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_

How many individuals age 18 and older live in your household? \_\_\_\_\_

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Please list the names and relationship of each person age 18 and older who lives with you. **Each of these individuals is required to fill out and sign a background check permission form and a Child Protective Services Abuse and Neglect Release Form.**

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	

Check here if there are no individuals in your household age 18 or older.

**HOUSEHOLD MEMBERS AGE 18 AND OLDER**

All individuals age 18 and older who live in the same household as the applicant are required to have background checks. Please have each household member complete a permission form below.

**HOUSEHOLD MEMBER PERMISSION FORM**

I understand that NAMI Maine requires criminal, child protective services, motor vehicle, and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**HOUSEHOLD MEMBER PERMISSION FORM**

I understand that NAMI Maine requires criminal, child protective services, motor vehicle and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number\_\_\_\_\_

Driver’s License Number/State\_\_\_\_\_

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed \_\_\_\_\_ Date\_\_\_\_\_

**HOUSEHOLD MEMBER PERMISSION FORM**

I understand that NAMI Maine requires criminal, child protective services, motor vehicle and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number\_\_\_\_\_

Driver’s License Number/State\_\_\_\_\_

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed\_\_\_\_\_ Date\_\_\_\_\_

**HOUSEHOLD MEMBER PERMISSION FORM**

I understand that NAMI Maine requires criminal, child protective services, motor vehicle, and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number\_\_\_\_\_

Driver’s License Number/State\_\_\_\_\_

I give my permission for NAMI Maine to carry out criminal, child protective services and motor vehicle background checks on me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**HOUSEHOLD MEMBER PERMISSION FORM**

I understand that NAMI Maine requires criminal, child protective services, motor vehicle and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number\_\_\_\_\_

Driver’s License Number/State\_\_\_\_\_

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **BACKGROUND CHECKS PERMISSION FORMS (Part 2)**

### **Maine DHHS Child Abuse and Neglect Record Search Request Instructions**

1. A Child Protective Services check is required as part of the application process for becoming an approved Family Respite Provider for the NAMI Maine Family Respite Program.
2. The ***applicant and each individual in the household who is age 18 or older needs to sign a separate release form.***
3. If there is any substantiated history by Maine DHHS as an abuser of a child, the applicant will be automatically disqualified from being approved as a NAMI Maine Family Respite Provider.
4. If anyone in the household has a substantiated history of child abuse or neglect with the Maine DHHS, the applicant will automatically be disqualified from providing respite services in his or her home. This will not necessarily disqualify the applicant from being approved as a NAMI Maine Family Respite Provider.
5. Do not mail this form to DHHS. Please return completed forms to:

**Mail:**

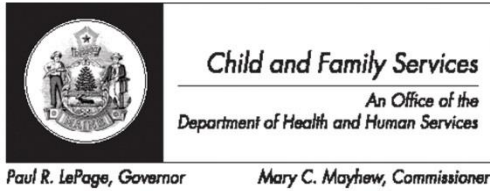
NAMI Maine  
ATTN: Respite  
52 Water Street  
Hallowell, ME 04347

**Email:** [respite@namimaine.org](mailto:respite@namimaine.org)

**Fax:** 207-621-8430

6. Do not send in any money. NAMI Maine pays all fees associated with this background check.

If you have any questions about completing the Child Protective Services Release Form, please contact the Family Respite Program at 1-800-464-5767.



Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Fax: (207) 287-5282  
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

**Agency/Provider to receive this information:**

**Agency ID#: 635**

**Jenna Mehnert, MSW / NAMI Maine Executive Director  
NAMI Maine  
52 Water Street  
Hallowell, ME 04347**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

**DATE OF BIRTH:** \_\_\_\_\_ **ALIASES (including maiden):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MAINE ADDRESS:** \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was **NOT INVOLVED** in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
**DHHS, OCFS, Child Protective Intake Staff**

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT**



**Child and Family Services**  
*An Office of the*  
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
 Child and Family Services  
 2 Anthony Avenue  
 11 State House Station  
 Augusta, Maine 04333-0011  
 Tel.: (207) 624-7900; Fax: (207) 287-5282  
 TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
 MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

**Agency/Provider to receive this information:**

**Agency ID#: 635**

**Jenna Mehnert, MSW / NAMI Maine Executive  
 Director NAMI Maine  
 52 Water Street  
 Hallowell, ME 04347**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
 confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
 Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

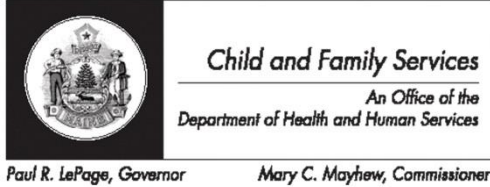
**DATE OF BIRTH:** \_\_\_\_\_ **ALIASES (including maiden):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MAINE ADDRESS:** \_\_\_\_\_

<p><b><u>RESULT BELOW (To be completed by DHHS):</u></b></p> <p>As of _____, this person was <b>NOT INVOLVED</b> in a substantiated Maine Child Protective Services case.</p> <p>_____</p> <p><b>DHHS, OCFS, Child Protective Intake Staff</b></p>
--

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT**



Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Fax: (207) 287-5282  
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **635**

**Jenna Mehnert, MSW / NAMI Maine Executive Director  
NAMI Maine  
52 Water Street  
Hallowell, ME 04347**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

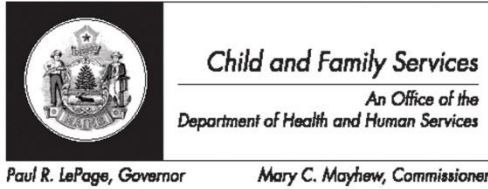
MAINE ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT**



Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Fax: (207) 287-5282  
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

**Agency/Provider to receive this information:**

**Agency ID#: 635**

**Jenna Mehnert, MSW / NAMI Maine Executive Director  
NAMI Maine  
52 Water Street  
Hallowell, ME 04347**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

**DATE OF BIRTH:** \_\_\_\_\_ **ALIASES (including maiden):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MAINE ADDRESS:** \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
**DHHS, OCFS, Child Protective Intake Staff**

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT**



**Child and Family Services**  
*An Office of the*  
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
 Child and Family Services  
 2 Anthony Avenue  
 11 State House Station  
 Augusta, Maine 04333-0011  
 Tel.: (207) 624-7900; Fax: (207) 287-5282  
 TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
 MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **635**

**Jenna Mehnert, MSW / NAMI Maine Executive Director  
 NAMI Maine  
 52 Water Street  
 Hallowell, ME 04347**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
 confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
 Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS:

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
 DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT**





**Family Respite Program Provider Application Reference Form**

Fill out this portion of the reference form *before* giving it to the person providing the reference.

Print Applicant Name \_\_\_\_\_

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

---

The above individual is applying to become a Respite Provider for the NAMI Maine Family Respite Program. Respite providers provide parents/caregivers of children with disabilities a much needed break by caring for their children. Please take a few minutes to answer the following eight (8) questions.

1. How long have you known this person?
  
2. In what capacity have you known this person? (e.g. supervisor, coworker, or employer)?
  
  
  
  
  
  
  
  
  
  
3. How would you describe this person's ability to care for the daily needs of children?
  
  
  
  
  
  
  
  
  
  
4. How does this person react to changing plans and schedules, and adapting to the needs of others?

5. How would you describe his or her problem-solving abilities?

6. What personal characteristics does this person possess that contributes to his or her success with children?

7. If you were the parent of a child with developmental or emotional/behavioral disabilities, why would you want this person as a caregiver?

8. Would you recommend that this person provide care for children with developmental or emotional/behavioral disabilities in his or her home? Why or why not?

Your name \_\_\_\_\_ Phone \_\_\_\_\_

Your Title or Position \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_



### Family Respite Program Provider Application Reference Form

Fill out this portion of the reference form *before* giving it to the person providing the reference.

Print Applicant Name \_\_\_\_\_

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

---

The above individual is applying to become a Respite Provider for the NAMI Maine Family Respite Program. Respite providers provide parents/caregivers of children with disabilities a much needed break by caring for their children. Please take a few minutes to answer the following eight (8) questions.

1. How long have you known this person?
2. In what capacity have you known this person? (e.g. supervisor, coworker, or employer)?
3. How would you describe this person's ability to care for the daily needs of children?
4. How does this person react to changing plans and schedules, and adapting to the needs of others?

5. How would you describe his or her problem-solving abilities?
  
  
  
  
  
  
  
  
  
  
6. What personal characteristics does this person possess that contributes to his or her success with children?
  
  
  
  
  
  
  
  
  
  
7. If you were the parent of a child with developmental or emotional/behavioral disabilities, why would you want this person as a caregiver?
  
  
  
  
  
  
  
  
  
  
8. Would you recommend that this person provide care for children with developmental or emotional/behavioral disabilities in his or her home? Why or why not?

Your name \_\_\_\_\_ Phone \_\_\_\_\_

Your Title or Position \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_