## Children's Bureau Title IV-E Foster Care Eligibility Reviews Peer Reviewer Profile Form

## October 2005

## (Please Type or Print Legibly)

Identifying Information				
First Name	Middle Name/Initial	Last Name		
Home Address (Street):				
City:	State:	ZIP Code:		
Home Phone: ( )	Cellular Phone: ( )			
Organization:				
Title:				
Work Address (Street):				
City:	State:	ZIP Code:		
Bus. Phone: ( ) Ext.:	Facsimile: ( )			
E-mail Address:				
Preferred Mailing Address: ☐ Home ☐ Work				
Emergency Contact Name:	Relationship:			

Emergency Contact Daytime Phone:	Emergency Contact Evening Phone:				
Emergency Contact Cellular Phone:					
E	thnicity/Race				
The checklist below includes Federal race and ethnic classifications as defined by the Office of Management and Budget. Responding to this section of the profile is voluntary. Please note that this information will be used solely to ensure the diversity of the title IV-E foster care eligibility review (FC eligibility review) teams. Check one category under ethnicity and all that may apply under the race category:					
Ethnicity	Race				
☐ Hispanic or Latino	□White				
☐ Not Hispanic or Latino	☐ Black or African American				
□ Unknown	☐ American Indian or Alaska Native				
	□ Asian				
	□ Native Hawaiian or Other Pacific Islander				
	□ Unknown				
Gender					
□ Female	□Male				
Language Fluency					
Please indicate your ability to fluently read, speak, or write any of the languages listed below. Applicants indicating fluency in a particular language					

should be able to conduct interviews and/or read case records in that language. (Please check all that apply.)									
Language	Read	Speak	Write						
Spanish									
Other (please specify):									
Licer	Licenses and Accreditations								
Please specify in 250 characters or less.									
	Educat	ion		Education					
Please indicate your level of education in the following fields. Check all that apply.									
_	education in	the following	ng fields. Cl	neck all tha	t				
_	education in		ng fields. Cl	neck all tha	t				
apply.	Bachelor's			neck all tha	t				
apply.		De	egree		t				
apply.	Bachelor's	De	egree		t				
Field Social Work	Bachelor's	Master's	egree Ph.D.	J.D.	t				
Field  Social Work  Human Services  Social sciences (economics,	Bachelor's	Master's	egree Ph.D.	J.D.	t				

Education Equi	valence		
In the absence of a college degree, pleas or more years of experience in title IV-E		e 5	
☐ I have 5 or more years of experience in title IV-E (or IV-A) program eligibility.	☐ I do not have 5 or more years of experience in title IV-E (or IV-A) program eligibility.		
Francisco			

## **Experience**

A minimum of 2 years of direct field experience and/or supervisory, administrative, or management experience in a public (Federal, State, or local) or private child welfare agency. This may include providing services or supervising, administering, or managing programs in any of the following: (1) title IV-E eligibility, (2) foster care, (3) quality assurance, (4) program evaluation, and (5) program compliance.

From the following list, please specify in the following section the two areas in which you have the most demonstrated substantive experience. Then check the type(s) of experience that you have in each area and provide a summary of the experience in the space provided below.

- Title IV-E eligibility
- Foster care
- Domestic Violence
- Quality assurance
- Program evaluation
- Program compliance

Areas of Experience	Type(s) of Experience
Please specify only two areas from the list above.	Check all that apply.
1.	□ Direct Service     □ Supervisory     □ Management
2.	2. ☐ Direct Service ☐ Supervisory

			lana	gement		
Title	ncy:e: _					
	nmary of Experience:			-		
Title	ncy:					
Fror Sum	n (month/year: To (month/year) nmary of Experience:	r):				
Title	ncy: :: n (month/year: To (month/yea					
	nmary of Experience:					
Skills						
Please indicate the areas in which you have demonstrated skills. Check all that apply. If you do not have demonstrated skills in a particular area, please leave the box blank.						
	Conducting quality assurance activities  Conducting assessments of program/agency documentation					

	Conducting reviews of child welfare services  Determining IV-E eligibility		Participating as a team member in a Children's Bureau Child and Family Services Review (CFSR)  Participating as a team member in a Children's		
	3 3 3		Bureau FC eligibility review		
	Review Part	icip	ation		
If you have participated as a team member supplementing Federal reviewers in a Children's Bureau CFSR or IV-E review, please indicate below in how many reviews you participated and the date of the last review in which you participated.					
	CFSR	?s			
	Number of reviews participated in:		Date of last review participated in (MM/DD/YY):		
IV-E Reviews					
	Number of reviews participated in:		Date of last review participated in (MM/DD/YY):		
Professional Biography					
Please insert below a brief one-paragraph <b>professional</b> biography (please do not include personal information).					

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Travel/Review Wee	ek Requirements			
Please indicate your travel availability	<b>1</b> .			
☐ Willing and able to travel to other States to participate in weeklong FC eligibility reviews.				
Please indicate the number of reviews participate in each year.	s that you are willing to			
□ 1	□ 2	□ 3 or more		
Special Trav	vel Needs			
Please specify special travel needs, in dietary needs.	cluding accommodation	s and		
Materials To Submit				
Please submit the following materials by e-mail (preferred) to cw@jbsinternational.com or by mail to the IV-E Review Project, c/o JBS International, Inc., 8630 Fenton Street, 12th Floor, Silver Spring, Maryland 20910:				
<ul><li>Peer Reviewer Profile</li><li>Resume</li></ul>				