

**Children's Bureau
Child and Family Services Reviews
Consultant Profile Form**

June 2004

(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:
Business Phone: ()	Ext.:	Facsimile: ()
E-mail Address:		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
The information below is for payment purposes only and is accessible only by project staff.		
Emergency Contact Name:	Relationship:	
Emergency Contact Daytime Phone:	Emergency Contact Evening Phone:	
Emergency Contact Cellular Phone:		
Social Security Number:	Federal Tax ID Number (if applicable):	

Ethnicity/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 child and family services review teams. Check one category under ethnicity and all that may apply under the race category:

Ethnicity	Race
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Unknown

Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Licenses and Accreditations

Please specify in 250 characters or less.

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Education

Please indicate your completed level of education in the following fields. Check all that apply.

Field	Degree			
	Bachelor's	Master's	Ph.D.	J.D.
Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify in 50 characters or less):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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; or at least 2 years of direct experience working for a State Court Improvement Project or juvenile or family court dealing with child welfare cases is required to be eligible to serve as a consultant reviewer. This may include providing services or supervising, administering, or managing programs in any of the following:
 (1) child protective services, (2) foster care, (3) adoption, (4) family preservation, (5) family support, (6) independent living services, or (7) licensure/approval of foster and adoptive families.

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

- | | |
|---|--|
| Adoption
Child Protective Services
Domestic Violence
Family Preservation
Family Support
Foster Care
Independent Living Services | Kinship Care
Licensor of Foster and Adoptive Homes
Mental Health
Quality Assurance
Residential Care
Substance Abuse |
|---|--|

Areas of Experience	Type(s) of Experience
Please specify only two areas from the list above.	Check all that apply.
1.	1. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management
2.	2. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management

Summary

Agency: _____
 Title: _____
 From (month/year): To (month/year): _____
 Summary of Experience: _____

Agency: _____
 Title: _____
 From (month/year): To (month/year): _____
 Summary of Experience: _____

Agency: _____
 Title: _____
 From (month/year): To (month/year): _____
 Summary 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.

<input type="checkbox"/> Interviewing children and families engaged in child welfare services	<input type="checkbox"/> Conducting assessments of program/agency documentation
<input type="checkbox"/> Conducting reviews of child welfare services	<input type="checkbox"/> Facilitating group process
<input type="checkbox"/> Interviewing community stakeholders, (including child welfare professionals)	<input type="checkbox"/> Participating as a State Team Member in a Children’s Bureau child and family services review

Special Skills

Please describe any special skills or experience that you bring to the review process (in 250 characters or less, for example, experience in working with special populations or working on child welfare agency quality assurance teams).

Professional Biography

Please insert below a brief one-paragraph **professional** biography (please do not include personal information.)

Travel/Review Week Requirements

Please indicate your travel availability.

<input type="checkbox"/> Willing and able to travel to other States to participate in week-long child and family services reviews (including a willingness to work long hours and to participate in debriefings at the end of each day).
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Special Travel Needs

Please specify special travel needs, including accommodations and dietary needs.

Referral Information

Who referred you to inquire about serving as a consultant? Please provide the referrer's name and telephone number.

Referred by: (Please check one.)

- Self _____
- Children's Bureau _____
- ACF Regional Office _____
- National Resource Center _____
- National Child Welfare Organization _____
- State Child Welfare Agency _____
- Other (please specify in 50 characters or less): _____

Telephone Number:

Materials To Submit

Please submit the following materials by mail to the Child Welfare Review Project at the address shown below:

- Consultant Reviewer Profile
- Resume
- One-paragraph Professional Biography

Child Welfare Review Project
c/o Johnson, Bassin & Shaw, Inc.
8630 Fenton Street, 12th Floor
Silver Spring, Maryland 20910