



Families Advocate for Voices of Resilience, Inc.

Registration for Background Check

Do not enter "NA", "N/A" or "NMN", leave blank if not applicable

Last Name:

First Name:

Middle Name:

Suffix:

Date of Birth:

Place of Birth:

Social Security Number:

Social Security Number:

To confirm correct social security number, we ask you to type it twice. If you leave social security number blank you must use your Registration ID at the Fingerprinting Site.

Sex:

Race:

Eye Color:

Hair Color:

Height:

Feet

Inches

Weight:

pounds

Country of Citizenship:

Driver's License Number:

Do not include "GA" in Front

Driver's License State:

Non-Resident of USA:

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Phone Number:

Email Address:



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FAVOR families would like to get to know you. Please complete the 10 questions below:
(Summarize your answers in 2 or 3 sentences. After answering all questions click the submit button to send the form to us.)

1. Do you have a child with Mental Health challenges? If yes, tell us how you manage your daily family lifestyle.
2. Why do you want to be a part of the FAVOR families team of CPS'?
3. What are your strengths and weaknesses?
4. Define a Care Support Provider?
5. What are your best qualities as a care support provider?
6. Describe a care plan for supporting a family that has mental health challenges.
7. What are your expectations from management to be a successful CPS?
8. There is mandatory CPS training. Is there anything that would stop you from attending these training sessions?
9. To be successful as a CPS there are 3 items that are required. Do you have?
A Reliable Car A Reliable Working Computer An active Cell Phone
10. Tell me about a situation where you were challenging by a family you were supporting or a coworker and how did you handle it.