**University Partnership Program/ Title IV-E Child Welfare Application**

**The University of Akron**

**School of Social Work and Family Sciences**



***Return Application and Two Reference Letters to:***

Monica Ascar, MSW, LISW-S UPP Campus Coordinator, The University of Akron, School of Social Work and Family Sciences

mascar@uakron.edu

|  |  |
| --- | --- |
| **University Student ID** |  |
| **Student Name** |  |
| **Local Address** |  |
| **City** |  |
| **State, Zip Code** |  |  |

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| --- |
| **Local Phones** |
| **Day** |  |
| **Evening** |  |
| **Cell** |  |

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| --- | --- |
| **Permanent Address** |  |
| **City** |  |
| **State, Zip Code** |  |  |
| **Permanent Phones** |
| **Day** |  |
| **Evening** |  |
| **Cell** |  |
| **Current Email** |
| **Email** |  |

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| **Academic Information** |
| **Current GPA** | **Overall GPA** |  | **Social Work** **GPA** |  |
| **Current Year in School** |  |
| **Expected date of Graduation** |  |
| **Social Work Bachelor Applicant**  | * **YES**
* **NO**
 |
| **MSW Applicant**  | * **YES**
* **NO**
 | **If MSW Applicant, Please indicate the date of graduation from Undergraduate Degree** |  |
| **Undergraduate Degree** |  |

**Optional – For Statistical Purposes Only**

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

Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Educational History** |
| **College Attended** | **Dates of Attendance** | **Degree Received** | **Date of Graduation** |
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| **Previous Field Experience** |
| **Agency** | **Dates of Experience** | **Duties** | **Supervisor** |
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| **Current and Previous Child Welfare Experience** |
| **Agency** | **Dates of Experience** | **Duties** | **Supervisor** |
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| Experience Working With Children |
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| --- | --- |
| **Do You Receive Financial Aid?** | * **Yes**
* **No**
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| **Academic Awards, Scholarships, Publications, & Presentations** |
| **Title of Academic Awards, Scholarships, Publications, & Presentations** | **Description of Academic Awards, Scholarships, Publications, & Presentations** | **Date** |
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| **Employment History For the Past Two (2) Years** |
| **Place of Employment** | **Job title** | **Duties** | **Dates of Employment** | **Work Days & Hours** |
|  |  |  |  |  |
|  |  |  |  |  |
| **History of Employment with Public Children Services (PCSA)** | * **Yes**
* **No**
 |

*\*****Attach Resume to Application***

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| **Volunteer/ Community Service Experience During the Past Two Years** |
| **Agency** | **Dates of Service** | **Duties** | **Agency Address** | **Supervisor** | **Phone** |
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| --- |
| **Professional References** |
| **Name** | **Agency** | **Address** | **Phone** |
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*\*****Minimum of Two Required. See Attached Professional Reference Forms***

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| **Languages Spoken Fluently** |
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| **Transportation** |
| **Do you have a reliable car with insurance?** | * **Yes**
* **No**
 |
| **Automobile Insurance Company** |  |
| **Policy #** |  |
| **Are you willing to transport clients as part of field placement?** | * **Yes**
* **No**
 |
| **Driver’s License Number** |  |
| **Automobile** | **Make** |  | **License Number** |  |

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| **Please list or identify any *physical conditions, family responsibilities, or work commitments* that might require consideration. This information will assist in the planning of your field placement.** |
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**Applicants Please Note: All child serving agencies are mandated by law to conduct criminal background checks, fingerprinting, and drug screening on all students serving in internships or field placements and all new employees. Students applying for UPP are hereby notified that having a felony conviction or sanctions for unprofessional conduct will impact potential for obtaining field placement as well as social work licensure and future employment as a social worker. Previous family involvement with PCSA may impact potential for obtaining field placement and employment at some PCSAs. Driving records that include moving violations and driving under the influence may impact potential for obtaining field placement and employment at some PCSAs due to the necessity of transporting clients.**

**Personal Statement Questions**

1. What is your understanding of the duties and responsibilities of a public child welfare worker?
2. What is it about child welfare and /or child protective services that attracted you to the field?
3. What areas of public child welfare are you interested?
4. What is your motivation for participating in University Partnership?
5. What experiences and personal strengths do you bring to the child welfare profession?
6. Describe level of comfort working with diverse families?
7. Please discuss any personal or family issues that may present obstacles to your successful completion of this program. How will you deal with such obstacles or challenges as you meet the expectations of this program and the county child welfare agency?
8. What are your career goals?
9. Are you willing to commit to working in the state of Ohio at a public children services agency after graduation for an employment commitment equal to your years of program participation?

**Personal Statement**

**University Partnership/ Title IV-E Child Welfare Training Program Field Case Assessment**

*The Smith family consists of a mother, father, and three children, the oldest being Eddie who is 10 years old. A suspected child abuse report alleges that Eddie was severely physically abused because he got bad grades on his report card. When you get to the home, his mother tells you that her husband beats Eddie but she cannot say anything because she is afraid of her husband. You have done a criminal records check and found out that he was convicted of an assault charge related to domestic violence two years ago.*

As a public child welfare worker, what would be your goals here? Describe three things that you would do to address your goals.

* ***Include the Personal Statement and case Vignette with the***

*Type your responses to the Personal Statement Questions and the Case Assessment and submit with the application.*

**University Partnership/ Title IV-E Child Welfare Training Program Field Agency Preference Form**

If accepted into this program, we will do our best to match you with your preferred field agency, according to your interests and distance from your residence during the academic year. Below are several Ohio Children Services Boards that offer placements. While many students prefer to stay within their county, that agency may not be able to provide placements to all the UPP students. Thus, it is important **to rate at least 2-3** agencies. Please indicate your level of interest in each of the agencies, rating them from 1 = Most interest to 10 = Least interest

Ashland Co. CSB Medina Co. CSB Trumbull Co. CSB

Cuyahoga Co. CSB Stark Co. CSB Wayne Co. CSB

Geauga Co. CSB Summit Co. CSB  Other Co. CSB

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| --- |
| **Field Placement To Be Completed by Coordinator** |
| **Field Agency** |  | **Field Instructor** |  |
| **Address** |  |
| **City** |  | **State** |  | **County** |  | **Zip Code** |  |
| **Phone** |  | **Cell** |  |
| **Fax** |  | **Other** |  |

***\*This page of your application will not be shared with prospective field agencies.***

**The University of Akron**

**Child Welfare University Partnership Program**

**Field Placement Disclosure Form**

Field Placement has as its purpose the opportunity for students to integrate classroom theory with client systems practice and to develop professional identity and skills. Practice takes place in a broad range of social service settings. The market of available placement positions is limited, and agencies are highly selective of the students they accept. Some agencies require and execute background checks for misconduct, such as felony convictions or documented violations of the National Association of Social Workers Code of Ethics.

The University of Akron School of Social and Family Sciences requires each field applicant to sign this disclosure form. This form allows the School to inform a student's prospective field agencies of current or past felonious convictions; or other disciplinary procedures or other misconduct in violations of institutions where the individual may have attended; or other misconduct in violation of the NASW Code of Ethics. Agencies need this information in order to accept you as a student.

***Please sign this form and submit*** *it* ***with your Child Welfare University Partnership Program Field Application. No application will be processed without this form.***

I hereby grant permission for the University of Akron’s School of Social and Family Sciences' Child Welfare University Partnership Program to notify any agency to which I apply as a field student to my current or past documented felony conviction, criminal misbehavior, or other misconduct in violation of the NASW Code of Ethics. I further attest that I have discussed with the officials of University of Akron School of Social and Family Sciences Child Welfare University Partnership Program any current and /or previous criminal background information, which is inclusive of moving violations, misdemeanors, and felony charges and convictions.

**Print Name:**

**Signature:**

**Date:**

****RELEASE OF INFORMATION AUTHORIZATION

I, the undersigned, hereby authorize representatives of the University of Akron School of Social Work and Family Sciences to obtain from University of Akron’s Registrar's Office and release to the Ohio Department of Job and Family Services as requested my academic enrolment records for any period during which I am enrolled in the Child Welfare University Partnership Program. The records to be released include courses registered for and completed during the period in which I am affiliated with the CWUPP and the credit hours associated with each course. The information will be released to the Ohio Department of Job and Family Services (ODJFS), currently administering the Title IV-E scholarship funds for the CWUPP, for the purposes of determining the scholarship award I will receive upon graduation from University of Akron and employment in a public children service agency in Ohio, and any additional reimbursement ODJFS will provide the University of Akron School of Social Work and Family Sciences for program administration.

Print Name:

Signature:

Date:

**University Partnership Program/ Title IV-E Child Welfare Reference**

**The University of Akron**

**School of Social Work and Family Sciences**

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***Return Reference Letter to:***

**Monica Ascar, MSW, LISW-S, UPP Campus Coordinator**

mascar@uakron.edu

To the Applicant: Please provide the information requested in number 1, 2, & 3, and then give this form to the recommender.

1. Name of Applicant:

 Last First Middle

2. Read the statements below and sign on the line that reflects your choice.

* The Family Education Rights and Privacy Act of 1974 entitle students to have access to the references in their permanent record the University of Akron. The applicant may waive this right of access, in which case the reference will be considered by the University and will not be available to the student. The reference will, also, be shared with the county child welfare agency.

\_\_\_\_\_\_\_\_\_\_ I do not waive my right to access to this reference letter.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you wish to waive your right to access to this reference, sign your name on the line below the following statement:

I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this reference. I agree that the observations made in this reference should be confidential between the writer, The University of Akron, and the designated county – Children’s Services agency.

\_\_\_\_\_\_\_\_\_\_I waive my right to access to this reference.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of Recommender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Recommender: The person requesting this reference letter is applying for the Child Welfare University Partnership Program. This means that the student will be using social work education to prepare for employment in an Ohio public child welfare agency. Candidates for UPP are chosen jointly by Wright State University and a representative from Children’s Services in the county where the student is applying for a field placement. Some benefits are available to students who successfully complete the social work program and obtain employment in a public child welfare agency. Child welfare work is quite challenging. We are asking for reference letters to help us determine if the student’s strengths and abilities are a good match for the demands of public child welfare work. Your letter may be shared with the county agency as part of establishing the student field placement.

*Please include in your letter the following information:*

*How long and in what capacity have you known the student?*

* *Student’s ability to learn new concepts*
* *Student’s ability to learn new job related tasks*
* *Student’s ability to organize when there are many tasks to complete*
* *Student’s dependability*
* *Student’s skill level related to taking initiative*
* *How student gets along with supervisors and co-workers*
* *Student’s ability to relate to people from diverse backgrounds.*

*Please describe what you believe to be the student’s major strengths and any areas that may be deficient. Please address all questions*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Name (Type or Print) Position or Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Phone Number

**Thank You!**

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Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of Recommender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Name (Type or Print) Position or Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Phone Number

**Thank You!**