

## 1 Before you begin

This application is the first step toward becoming a Peer Support Recipient. The questions within this application are to aid in the matching process. The information in your application is confidential and will only be viewed by staff involved in the Federation of Foster Families of Nova Scotia - Peer Support Services. If you have any questions about this form, please contact 902-424-2314 or email [Deborah.Thibault@novascotia.ca](mailto:Deborah.Thibault@novascotia.ca).

### For office use only

Date: \_\_\_\_\_

## 2 Give your contact information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_

Address (please indicate county): \_\_\_\_\_

Postal code: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

## 3 Give your personal information

What is your gender identity?  Man  Woman  another gender identity, please specify: \_\_\_\_\_

Indicate age range:  18 – 25  26 – 35  36 – 45  46 – 55  56 – 65  66+

Are you a (select one or more):  General Foster Parent (FP)  Kinship FP  Contract FP  Single FP

Do you identify as an individual who experiences discrimination based on (select one or more):

(dis)Ability  Sexuality / Gender Identity  Race  Religion  Other: \_\_\_\_\_

Please indicate which identity applies to you (select one or more):

Mi'kmaw  African Nova Scotian  Acadian  Celtic/Gaelic  Other: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

## 4 Provide details of children in your family

Age	Gender	Birth (Yes / No)	Child-in-Care (Yes / No)	Adopted (Yes / No)	If Adopted, at what age?	Special Needs? (Yes / No)	Race

## 5 Provide details of the assistance you require in a Peer Support relationship:

Describe how you hope a Peer Support Volunteer may be able to help and support you.

What should your Peer Support Volunteer know about you?

## 6 Check fostering/parenting issues your Peer Support Volunteer can assist you with:

Our Peer Support Volunteers have fostering/parenting experience and interest in a variety of areas. Please rank each of the following according to the level of experience/interest which would be most desirable in the Peer Support Volunteer you are matched with.

	No Experience/Interest	Low Experience/Interest	Some Experience/Interest	High Experience/Interest
*ADD / *ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment / *RAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism / *PDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*FAS / *FASD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal/ Drug Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically Abused Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Abused Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Identity issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinship Foster Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Foster Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Outside Race &/or Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*ADD - Attention Deficit Disorder  
\*PDD - Pervasive Development Disorder

\*ADHD - Attention Deficit Hyperactivity Disorder  
\*FAS - Fetal Alcohol Syndrome

\*RAD - Reactive Attachment Disorder  
\*FASD - Fetal Alcohol Spectrum Disorder

Describe any other considerations for matching process (language, culture, age, etc.).

**7 Describe any other fostering issues with which you would like assistance.**

**8 How did you hear about One-on-One Peer Support Service?**

**10 Signature of Peer Support Recipient**

I give consent to the Federation of Foster Families of Nova Scotia staff to share my information with the purpose of matching me with an appropriate Peer Support Volunteer in the One-on-One Peer Support Service. I am voluntarily participating in the One-on-One Peer Support Service. I release and indemnify the Federation of Foster Families of Nova Scotia and its affiliates from any and all liability related in any way to my participation in the One-on-One Peer Support Service as well as any sponsored or related events. This release and indemnification is binding on my heirs, executors, administrators and all persons who pursue a claim on behalf of me or my estate.

Peer Support Recipient (Applicant) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**12 Return application to**

Federation of Foster Families Representative (Please print): **Debbie Thibault, Coordinator of Training & Peer Supports**

Address: Suite 350, 99 Wyse Road, Dartmouth, NS B4C 4H4

Email: [Deborah.Thibault@novascotia.ca](mailto:Deborah.Thibault@novascotia.ca)