**TEACHING-FAMILY ASSOCIATION**

**INITIAL APPLICATION CHECKLIST**

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| --- | --- | --- | --- | --- |
| **Documents within Application Form** |  |  | **Documents for On-Site Review** *(may be hard copies or available on on-line) \*Review Team may request additional documention while on-site* |  |
| Initial Application Cover Sheet |  | Copy of the Application Package for Each Reviewer |  |
| Agency Member Responsiblities Assurances Agreement |  | Copy of Review Schedule for Each Reviewer |  |
| Agency Description |  | Agency Policy Manual |  |
| Agency Director’s Narrative |  | Restraint Data |  |
| Summary of Agency’s Response to Suggestions or Recommentdations from Last On-Site Review |  | Samples of Screening Tools (ex., behavior, trauma, life skills, etc) |  |
| Program/Services Roster |  | Samples of Service Plans |  |
| Other Programs Roster |  | Samples of Motivation Systems(s) |  |
| Report of Training Services |  | Samples of Family Conference/Self-Government Logs |  |
| Report of Consultation Services |  | Client Files (available as required) |  |
| Report of Evaluation Services |  | Staff Files (available as required) |  |
| **Attachments to Application Form** |  | Program Budgets |  |
| Agency Organizational Chart |  | Pre-Service Training Manual |  |
| Pre-Service Training Schedule(s) |  | In-Service Training Manuals including Family-Sensitive Treatment, Diversity and Trauma-Informed Care |  |
| List of In-Service Training (date, topic, trainer) |  |
| Consultation/Service Delivery Plan for each program |  | Trainer/Training Evaluations |  |
| Consultation/Service Delivery reports/data for each program |  | Pre-Service record including dates and list of Practitioners who attended during reporting year |  |
| Additional Supporting Documentation for Consultation |  | Consultation/Service Delivery Documentation |  |
| List of Practioners Eligible for Evalauation in review year |  | Evaluation Review Committee Minutes |  |
| Samples of Evaluations Across TFA Practitioners/Programs |  | Dates of ERC Meetings, Participants Involved and Resulting Actions |  |
| Outcome Reports |  |  |  |
| Practitioner Consumer Satisfaction Report |  |  |  |
| External Consumer Satisfaction Report |  |  |  |
| E-mail Copies of Application and Attachments to Primary Reviewer and TFA Office |  |  |  |

**TEACHING-FAMILY ASSOCIATION**

**INITIAL APPLICATION FOR CERTIFICATION**

[Instructions on how to complete this application as well as a glossary to help define various terms are posted on the TFA website. Please print a copy of these resources to assist you with this application.]

**COVER SHEET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF AGENCY: | | |  | | | | | |
| AGENCY DIRECTOR(S): | | |  | | | | | |
| POPULATIONS SERVED: | | |  | | | | | |
| DATE OF ORIGINAL  TFA CERTIFICATION: | | |  | | | | | |
| PERSON(S) RESPONSIBLE FOR COMPLETING THIS APPLICATION: | | | | | | | | |
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| PERSON TO BE CONTACTED IF THERE ARE QUESTIONS ABOUT THE APPLICATION: | | | | | | | | |
| NAME: | |  | | | | | | |
| PHONE: | |  | | | | | | |
| The member agency is applying for certification as a: (check one) | | | | | | | | |
| Certified Member Agency  Certified Sponsor Member Agency | | | | | | |  | |
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|  |  | | |  |  |  | |  |
|  | Date of Application | | |  |  | Agency Director's Signature | |  |

**TEACHING-FAMILY ASSOCIATION**

**AGENCY RESPONSIBILITIES ASSURANCES AGREEMENT**

Member Agencies of the Teaching-Family Association agree to participate in the goals and objectives of the organization. Directors of Member Agencies are responsible for the participation of their agency. The submission of the INITIAL Application for Agency Certification materials and the Agency Director's signature on this agreement serve as an assurance that the agency has fulfilled the following obligations.

1. The agency has provided each new employee a copy of Standards of Ethical Conduct of the Teaching-Family Association and has provided accompanying formal instruction on the implementation of those Standards. This information has been provided to all employees as a function of the agency's membership in the Association rather than as a function of the employee's membership in the Association.

2. The agency has abided by all Standards of Ethical Conduct of the Association.

3. The agency has participated in the work of the Association by providing a representative to the certification and ethics committee and volunteers for other standing committees.

4. The agency has provided immediate notification to the Board of Directors and the appropriate standing committee chairpersons of new developing agency affiliations and disaffiliations.

5. The agency has paid annual agency dues in accordance with Association policy.

6. The agency has maintained the Association documentation and materials assigned to the agency and ensured that appropriate administrative personnel at the agency are thoroughly familiar with the materials and their evolution.

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| --- | --- | --- | --- | --- | --- | --- |
| As the Agency Director for | |  | | | | , |
|  | | (Agency Name) | | | |  |
| I commit my agency to the preceding assurances. | | | | | | |
|  |  | |  |  |  | |
|  | Date | |  | (Print Agency Director’s Name) |  | |
|  | This Area to be Filled in by TFA Office  Dues Payment Received from Agency  YES Date \_\_\_\_\_\_\_\_\_\_\_  No | |  |  |  | |
|  |  | |  | Signature of Agency Director |  | |
|  | Exec. Director Initials \_\_\_\_\_\_\_\_\_ | |  |  |  | |

**TEACHING-FAMILY ASSOCIATION**

**AGENCY DESCRIPTION**

[Copy and paste any version of your agency description an organizational chart into the field below. Please complete a demographics table for all programs or service delivery areas as defined by your agency, for more than one program/service delivery, please copy and paste the table.]

**Description:**

**Organizational Chart:** [insert here or attach]

**Demographics:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Name/Service Delivery |  |  |  |  |  |  |
| TFA Accredited | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Annual Budget |  |  |  |  |  |  |
| Number Served |  |  |  |  |  |  |
| Gender (if specified) |  |  |  |  |  |  |
| Age Range |  |  |  |  |  |  |
| Average Length of Stay |  |  |  |  |  |  |
| Referral Sources |  |  |  |  |  |  |
| Typcial Referal Issues |  |  |  |  |  |  |
| Typical Offenses  (Justice programming) |  |  |  |  |  |  |
| Range/Examples of Diagnosis |  |  |  |  |  |  |
| Turnover or Retention Rates (specify) |  |  |  |  |  |  |

Expand or insert new table(s) as required

**TEACHING-FAMILY ASSOCIATION**

**AGENCY DIRECTOR’S NARRATIVE**

[Note: Documents may be copied and pasted into the field below. Please summarize and highlight important changes, growth, challenges throughout the reporting year.]

**TEACHING-FAMILY ASSOCIATION**

**SUGGESTIONS AND RECOMMENDATIONS FROM LAST ON-SITE REVIEW**

Suggestions:

[Summarize suggestions provided, comment on how any that have been implemented and their perceived or measured impact on quality. Note that implementation of suggestions is not required for accreditation.]

Recommendations:

[Note all recommendations and specifically describe your agency’s response to each. This can include your plan, implementated changes and noted results.]

**TEACHING-FAMILY ASSOCIATION**

**PROGRAM/SERVICES ROSTER**

List all programs which incorporate Teaching-Family Association Standards of Service. Therapeutic Foster Programs and other broad-based programs can be listed as a collective program. However, list each group home, school, or other type of treatment center separately. Indicate the name, the type of program (i.e., group home, school, home-based, etc.) the location, the population served (i.e., youths at risk, juvenile offenders, adults, etc.), the program’s capacity, Managers/Supervisors, Consultants and fir each Consultant, the number or Practitioners they support.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Name/Type | Location | Population Served | Capacity | Name of Manager/Supervisor(s) | Name of Consultant(s) | Number of Practitioner(s) |
| *Foster Care* | *Calgary* | *Children/Youth* | *40* | *Janet* | *Barb* | *7* |
|  |  |  |  |  | *John* | *6* |
|  |  |  |  |  | *Susan* | *7* |
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| Program Name/Type | Location | Population Served | Capacity | Name of Manager/Supervisor(s) | Name of Consultant(s) | Number of Practitioner(s) |
| *Foster Care* | *Calgary* | *Children/Youth* | *40* | *Janet* | *Barb* | *7* |
|  |  |  |  |  | *John* | *6* |
|  |  |  |  |  | *Susan* | *7* |
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| Program Name/Type | Location | Population Served | Capacity | Name of Manager/Supervisor(s) | Name of Consultant(s) | Number of Practitioner(s) |
| *Foster Care* | *Calgary* | *Children/Youth* | *40* | *Janet* | *Barb* | *7* |
|  |  |  |  |  | *John* | *6* |
|  |  |  |  |  | *Susan* | *7* |
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Expand or insert new tables as required

**TEACHING-FAMILY ASSOCIATION**

**OTHER PROGRAMS ROSTER**

List the names and locations of any programs that are not Teaching-Family Model and are not included on the Member, TFA Program Roster for which you may provide some training, consultation, or evaluation services. Please indicate the services provided to each.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Name/Type | Location | Population Served | Capacity | Training  Yes/No | Consultation  Yes/No | Evaluation  Yes/No |
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**TEACHING-FAMILY ASSOCIATION**

**REPORT OF TRAINING SERVICES**

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| --- |
| Describe your agency’s qualifying criteria for Trainers providing Pre-Service Training and In-Service Training: |

***Roster of Qualified Trainers*** (add rows as required)

|  |  |  |
| --- | --- | --- |
| **Type of Training** | **Name** | **Current Position** |
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***Pre-Service Trainings***(during review year – add rows as required)

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| --- | --- | --- | --- | --- |
| **Dates** | **# of trainees** |  | **Dates** | **# of trainees** |
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Were new Practitioners and staff trained prior to being responsible for client services? 🗖 Yes 🗖 No

If no, describe circumstances below:

Attachments to this form:

1. Pre-Service Training Schedule(s)
2. List of In-Service Training conducted during the review year including:
   1. Date
   2. Topic
   3. Trainer

**TEACHING-FAMILY ASSOCIATION**

**REPORT OF CONSULTATION SERVICES**

|  |
| --- |
| Describe your agency’s qualifying criteria for Consultants and Supervisors overseeing Practitioners: |

*Roster of Qualified Consultants/Supervisors*

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| --- | --- |
| **Name** | **Current Position** |
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Was service delivery met by each program? 🗖 Yes 🗖 No

If no, describe circumstances below:

Attachments to this form:

1. Consultation/Service Delivery Plan for each program
2. Consultation/Service Delivery reports/data for each program for the review year
3. Additional supporting documentation

**TEACHING-FAMILY ASSOCIATION**

**REPORT OF EVALUATION SERVICES**

|  |
| --- |
| Describe your agency’s qualifying criteria for Evaluators who assess Practitioners and programs: |

|  |
| --- |
| Describe your agency’s evaluation processes and timelines for training Practitioners on the evaluation process, conducting evaluations, and preparing and disseminating reports: |

*Roster of Qualified Evaluators*

|  |  |
| --- | --- |
| **Name** | **Current Position** |
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*List of Evalutions in Review Year* (add rows as required)

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| --- | --- | --- | --- |
| Practitioner | Position | Annual Evaluation | Status |
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**TEACHING-FAMILY ASSOCIATION**

**REPORT OF EVALUATION SERVICES (continued)**

Evalution System Outcomes/Data (add more rows as required)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Program | Total # of Annual Evaluations | % Certified | % Retakes | % Completed within approximate 12 month interval | % Distributed on time as per Agency timeline | % with Waivers presented |
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Were agency timelines met with respect to training on the evaluation process, evaluating Practitioners and distributing reports? 🗖 Yes 🗖 No

If no, describe circumstances below:

Attachments to this form:

1. List of Practitioners eligible for certification during the review year
2. Samples of evaluations across TFA Practitioners and programs

**TEACHING-FAMILY ASSOCIATION**

**OUTCOMES**

Outcomes are vitally important to track to assess the effectiveness of treatment. Not only are funders requiring this information; outcomes provide necessary feedback for quality improvement. TFA recognizes that there are a variety of tools and measures through which to track program and agency outcomes. Please attach agency and/or program specific outcomes as currently measured and collected by your agency.