**Title IV-E Child Welfare Training Program**

Please PRINT NEATLY with DARK ink, or TYPE in the response

|  |  |  |  |  |  |  |  |  |  |
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| Date: | | BASW\_\_\_ MSW\_\_\_ | | | | Full-Time\_\_\_ Part-Time\_\_\_ | | | |
| **PERSONAL INFORMATION** | | | | | | | | | |
| First: Middle: Last: | | | | | | | | | |
| Gender: **□** M **□** F **□** Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ | | | | | | | | | |
| Ethnicity: | | | | | | | | | |
| Previous Name: | | | | | | | | | |
| Current Address: | | | | | | | | | |
| City: | | | State: | | | | Zip: | | |
| Primary Phone: | | | | | | | | | |
| Alternate Phone: | | | | | | | | | |
| Primary Email: | | | | | | | | | |
| Alternate Email: | | | | | | | | | |
| **Please list 3 people who will always know how to contact you.** (Preferably a different address) | | | | | | | | | |
| Contact Person: | | | | Contact Person: | | | | | |
| Relationship: | | | | Relationship: | | | | | |
| Street: | | | | Street: | | | | | |
| City | State: | Zip: | | City | | | State: | | Zip: |
| Phone: | | | | Phone: | | | | | |
| Email: | | | | Email: | | | | | |
| Contact Person: | | | | **CITIZENSHIP/RESIDENCY INFORMATION** | | | | | |
| Relationship: | | | | State of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Street: | | | |
| City | State: | Zip: | |
| Phone: | | | | Naturalization Date: \_\_\_/\_\_\_/\_\_\_  (if Foreign Born US Citizen) | | | | | |
| Email: | | | |
| **LANGUAGE INFORMATION** (other than English) | | | | | | | | | |
| Language | | | | | Spoken (Yes/No) | | | Written (Yes/No) | |
|  | | | | |  | | |  | |
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| **UNDERGRADUATE DEGREE** | |
| Undergraduate Degree :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Degree: \_\_\_/\_\_\_/\_\_\_ | |
| **HISTORICAL INFORMATION** | |
| Numbers of Prior Years Worked In:  Public Child Welfare \_\_\_\_\_\_ Non-Profit Child & Family \_\_\_\_\_\_ Other Public Social Service \_\_\_\_\_\_ | |
| **CURRENT EMPLOYMENT (While attending school)** | |
| County/Tribal SS Employee? Yes \_\_No \_\_ County/Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Type:**  Child Welfare Yes \_\_No \_\_  Eligibility: Yes \_\_No \_\_  DSS: Yes \_\_No \_\_  Other County Agency: Yes \_\_No \_\_  Other: Yes \_\_No \_\_ | **On Leave from work?** Yes \_\_No \_\_  *(if Yes)*  *From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_*  **Type of leave:**  Full time \_\_\_  Release time\_\_\_  Part time\_\_\_ |

**SELF-GENERATED ID**

We are interested in linking the findings as they apply to Title IV-E recipients from this study with earlier findings generated from the anonymous surveys given to MSW students at the start and upon completion of their studies. We hope that this linkage will advance our understanding of the influences of students’ views about the profession, child welfare, and public social services on job retention.

**THIS IS HOW IT WORKS:**

In these spaces write the first three letters of your mother’s maiden name. \_\_\_\_ \_\_\_\_ \_\_\_\_

(Example: If her name is/was Alice Smith, the letters are SMI )

In these spaces write the first three letters of your mother’s first name. \_\_\_\_ \_\_\_\_ \_\_\_\_

(Example: If her name is/was Alice Smith, the letters are ALI )

Note: If the name has fewer than three letters, fill in the letters from

the left and add 0 (zero) in the remaining space(s) on the right].

[example: If her name is/was Lu We, the codes would be LU0 and WE0 .)