CHILD WELFARE SCHOLARS PROGRAM
2015-2016 APPLICATION

Sponsored by the Indiana Department of Child Services
Indiana University
Ball State University
Indiana State University
University of Southern Indiana

Required training dates for all students selected for the Child Welfare Scholars Program
August 18 and 19, 2016
January 6, 2017
April 20 and 21, 2017
INDIANA CHILD WELFARE SCHOLARS PROGRAM
APPLICATION FOR STIPEND PROGRAM

Date of Application:__________________ Student ID: ____________________________

Name: __________________________________________________________________
    Last                First                Middle                Maiden

Permanent Address: ___________________________________________________________
    Street or Box No.                City                State                Zip

Telephone Number: (    ) _____________University e-mail:_______________________

Are you an Indiana resident?  ___Yes ___No  Which Indiana County?___________

University currently attending:_______________________________________________

Overall GPA:__________________ Social Work GPA: ______________

Minor field of study:__________________ Anticipated graduation:______________

Do you speak any additional languages? _____ Yes _____ No  If YES, please list:
________________________________________________________________________

Have you taken or are you currently enrolled in any college level foreign language
classes?  ______ Yes ______ No  If yes, please list:______________________________

________________________________________________________________________

Which regions in Indiana are you interested in working in for the Department of Child
Services? ______ Anywhere   If not anywhere, please list three (3) regions where you
would be willing to work (see attached map):
1._____________  2._____________  3. ____________

Please be aware that if DCS is unable to place you in one of your
preferred Regions, you will be assigned to a position in another DCS Region

June 1, 2015
Students, accompanied by their Department of Child Services supervisors, must be able to respond quickly to emergency calls. With their supervisors, they will need to be able to make emergency calls throughout their local offices coverage area and entering various types of dwellings (i.e. trailers, houses, apartments, etc.). Are you able to perform these functions with or without reasonable accommodations? ___Yes ___No

CERTIFICATION AND AGREEMENT

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that any willfully false statement is sufficient cause for rejection of this application or, if a stipend has been awarded, for the termination of this stipend. If a stipend has been received by me, I also understand that I may be required to repay it. I understand that the Indiana Child Welfare Scholars Program is a joint effort of the University and the Indiana Department of Child Services, and that this application will be reviewed by both entities.

____________________________________________
Signature of Applicant

____________________________________________
Date

Attach a four to five page paper to this application which addresses the following questions:

1. If you had to explain the term “child welfare” to someone, what would you say?

2. Why are you interested in the field of child welfare?

3. What qualities do you have that would make you a good child welfare worker?

4. Discuss areas where you need further exposure, growth, and development in order to become an effective child welfare worker.

5. Describe your short term (the next five years) and long term (more than 5 years) goals.
An applicant who believes that his or her individual circumstances warrants exceptional consideration for a waiver of the minimum admissions requirement of an overall 2.5 undergraduate GPA and a 3.0 GPA in social work must petition the Indiana Child Services Admissions Committee.

The waiver should be requested by the applicant in the form of a statement entitled “Petition for Exceptional Consideration” and should be attached to this cover letter, which must be signed and dated at the bottom.

The petition should include a statement indicating how the minimum admissions requirement does not provide you a fair and adequate opportunity to present yourself in a favorable light. Briefly discuss how you have demonstrated a capacity for success in the Indiana Child Welfare Scholars Program. For example, if unusual personal circumstances negatively impacted your grades, discuss why this is not likely to be a factor during the course of your participation in the Indiana Child Services Education Program. Finally, you should attest to the accuracy of all information provided in the petition, date and sign the document. The petition must be submitted with the application packet.

Signature

Date

Print Name
INDIANA CHILD WELFARE SCHOLARS PROGRAM
CRIMINAL HISTORY AND BACKGROUND CHECK

Your successful completion of this program, in addition to meeting all other hiring requirements of the agency, will entitle you to consideration for employment with the Indiana Department of Child Services. In order to ensure that you will be a viable candidate for employment, the application process for the Indiana Child Welfare Scholars Program requires you to complete both a Request for a Child Protection Services (CPS) History Check and Criminal History check that includes fingerprinting. These checks will be completed at a later step in the application and interviewing process.

I agree to complete a criminal history check as required by the Department of Child Services. If selected for this program I will comply with the process of submitting my fingerprints for an FBI check through the electronic fingerprinting process used by the Department of Child Services.

I understand that a CPS background check will also be completed for me if I am accepted into this program and that I will be required to sign a release.

I further understand that, upon receipt of the results of the criminal history and CPS background check, I may be disqualified from the Indiana Child Welfare Scholars Program. I also understand that I may request a review of my disqualification by the Department of Child Services. The results of this review will be final.

I am also aware that I will be subject to additional background checks at the time of hire, based on current agency and state standards.

____________________________________________                           ______________
Signature of Applicant                           Date
## JOB DESCRIPTION

State Form 52468 (12-05)

### Employee Name:

**Agency:** Indiana Department of Child Services  
**BU:** 00502

**Division:** Field Operations  
**Section/District:** Local Office

**Job Title:** Family Case Manager 2  
**Job Code:** 002AP2

**Working Title (if different from above):**

**Reports To:** Family Case Manager Supervisor -or- Local Office Director

**FLSA Status:** ☑ Non-Exempt (OT Eligible)  
☑ Exempt  
**Effective Date:** 02/2015

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**Purpose of Position/Summary:**

The incumbent works as a Child Services Family Case Manager within a Local County Office of the Department of Child Services (DCS). The purpose of the position is to protect children from abuse and neglect and either maintain or reunify families whenever possible and, when in the best interest of the child, to achieve a permanent home or independent living for children unable to be reunited with their families in a timely manner. The incumbent reports to either a Family Case Manager Supervisor 4 in the larger counties or to the County DCS Director in smaller counties.

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**Essential Duties/Responsibilities:**

- Investigates reported incidents of child abuse, neglect or dependency, makes determination of whether or not the incident is substantiated and develops recommendations to a Juvenile Court or County Director for disposition.
- Assesses safety and level of risk to the child for additional injury or harm, including whether the child is in imminent danger, and may remove the child from the family as the situation warrants; places child in a protected environment.
- Performs needs assessments to determine treatment options for families and children evaluated to be abused/neglected or referred by law enforcement, other social service agencies or schools as a possible in need of services (CHINS).
- Testifies in either a Juvenile or Criminal Court of Law concerning the needs of the families and children that are assigned to the incumbent’s caseload, the families’ ability to remedy the abusive/neglectful situation, or concerning alleged criminal activities of a parent or other perpetrator.
-Makes recommendations to the court for the return of children to their families, following assessment of safety or risk to the child throughout the life of the case.
-Prepares pre-dispositional, dispositional and progress reports to the courts, maintains case files and develops briefing reports for the community child protection team, in-office case staffings or external provider staffings.
-Develops “informal adjustment” plans with families and children in their home to divert children from the juvenile justice system and meet the “least intrusive intervention” standard.
-Develops case plans collaboratively with families to assist them in becoming more self-sufficient in a safe and nurturing environment and to ensure a permanent home for the child. This plan must be developed in a manner that recognizes unique needs and the diverse backgrounds of the children and their families. Revises case plan as needed to meet the dynamic needs of the child and family.
- Monitors treatment plans of contractual service providers to determine if they are consistent with the case plan.
- Develops discharge/transition programming to assist families and children to attain and maintain self-sufficiency in a safe environment.
- Assesses the service capability of residential treatment programs and providers to ensure that they meet the needs of children and their families.
• Accepts on-call responsibility periodically to receive and investigate allegations of child abuse/neglect.
• Coordinates local service delivery for a family or children to assist them towards the establishment of a safe and stable home for children.
• Counsels families regarding the social needs and skills of families and children.
• Conducts home studies, family histories and recommends placement for adoption to an adoption team and assumes lead role in decision making regarding the family to be selected to adopt the child.
• Visits children in out-of-home placements to coordinate family reunification, adoption or independent living efforts.
• Maintains data which provides management an opportunity to evaluate family and children needs on a trend analysis basis.
• Performs related duties as assigned.

Job Requirements:
• Bachelor’s degree from an accredited college/university is required with at least 15 semester hours or 21 quarter hours in Child Development, Criminology, Criminal Justice, Education, Healthcare, Home Economics, Psychology, Guidance and Counseling, Social Work, or Sociology required.
• Advanced knowledge of principles and practices of social work, casework, sociology and group and individual counseling including new methods and theories of treatment.
• Thorough knowledge of state and/or federal laws, regulations, guidelines and standards affecting child protection services, foster care, family preservation and adoption.
• Thorough knowledge of related social services programs and ability to coordinate work among programs. Must be able to bring service providers to consensus in order to provide services and make recommendations to the court.
• Specialized knowledge of the interrelationships of the various behavioral sciences as they affect care and treatment of patients/clients and/or objectives of social work projects.
• Working knowledge of computers and the operation of software programs.
• Ability to investigate and interview alleged victims and perpetrators of child abuse or neglect in an appropriate and effective manner.
• Ability to formulate and monitor project guidelines or treatment plans.
• Ability to prepare clear, accurate reports.
• Ability to communicate articulately for court testimony.
• Ability to work with families of diverse cultural/ethnic backgrounds with sensitivity to differences in child rearing practices, relationships and needs.
• Ability to work with children with special needs such as mental or emotional conditions, the foster families or the home willing to accept those children and the professionals who can appropriately provide services to them.
• Ability to exercise sound judgment while managing crises situations including those involving confrontational, aggressive adults being investigated for child abuse or neglect.
• Ability to manage multiple priorities, many of a life threatening nature to ensure safety of families and children.
• Ability to meet established deadlines for work activities and products.
• Required to possess and maintain a valid drivers’ license, independent reliable automobile and appropriate automobile insurance coverage at all times.
• The Indiana Department of Child Services is a drug free workplace. Candidates are subject to pre-employment and random drug/alcohol testing.

Training Requirements: This position requires the incumbent to complete a mandatory twelve (12) week training session. The training session will consist of classroom based modules and transfer of learning modules. Classroom instruction will occur in Indianapolis, Indiana and transfer of learning will occur in the local county office.
Supervisory Responsibilities/Direct Reports:
N/A

Difficult of Work:
Work involves the application of accepted professional standards and methodology to such activities as the diagnosis of needs, development of treatment plans and/or the interpretation of project standards and review for compliance with guidelines. Work is broad in scope due to the integration of other disciplines into overall work objectives. Judgment is exercised in the diagnostic and treatment plan formulation and interpretation of project guidelines. The incumbent uses knowledge of Child Welfare and Juvenile Code guidelines to investigate allegations of child abuse, neglect or sexual abuse and is called upon to make decisions of significant and immediate consequence to the child and family. The incumbent may be called upon to enter a hostile and potentially harmful environment. Decisions must often be made quickly with little or no opportunity for consultation.

Responsibility:
The incumbent is responsible for implementing an effective social services treatment program for families and children and to ensure the completion of the program. The involvement of the incumbent has direct consequence in the success of family maintenance or reunification, as well as the personal safety of family members.

The incumbent must often function independently regarding decisions about a child’s welfare. Informal adjustment and reunification plans are reviewed by the supervisor for soundness of judgment to determine that the needs of the child and family are being met and to ensure the safety of the child. Reports and recommendations to the court are reviewed for legal accuracy and to maintain consensus in the best interests of the child and family. Instruction is provided when new or significant program changes occur or when requested due to difficulty of the case or legal ramifications. Critical decisions must be made in the field concerning the welfare of the child which is normally reviewed after the fact. The consequence of error can be the severe injury or death of the child. Errors can result in liability to the agency.

Personal Work Relationships:
Contacts are with families and their children, all areas of the community including law enforcement, judiciary, elected officials, medical personnel, schools, correctional and social service agencies and the institutional/residential staff. The purpose of the contact is to provide services to ensure the safety of the children and their families, to provide productive foster placements when necessary, to give families an opportunity for safe positive reunification and to make recommendations to officers of the court.

Physical Effort:
This position performs duties in field and office environments. Field work requires the ability to traverse uneven ground and dilapidated properties, climb stairs, and maneuver within small spaces. Office environment work requires sitting for extended periods of time and sufficient manual dexterity which permits operation of standard office equipment, including a personal computer and telephone. Incumbent must be able to operate a motor vehicle and drive short and long distances in all weather and light conditions. Must be able to lift, carry and care for children. Incumbent must be able to communicate effectively with children, parents, judges, law enforcement, service providers and other community members.

Working Conditions:
Working conditions may include exposure to adverse weather conditions and unfavorable health and safety conditions such as pets, rodents, insects, unclean environments, foul smells, animal waste, drug paraphernalia, and hostile and/or threatening individuals. Incumbent must be able to work in a high stress environment, including heavy workloads and time constraints. Incumbent is required to use his or her personal vehicle for work-related travel and transportation of children. Required to work over the “normal” schedule, including being on-call at certain times requiring availability of 24 hours/day. When “on call”, there is a mandatory response time of one hour or less from the time you are notified of a call. The incumbent may be required to work from more than one location during a given work week which may include travel within a specified region. May be required to fly to other states with possible overnight stays.
INDIANA CHILD WELFARE SCHOLARS PROGRAM

RECOMMENDATION FORM

TO THE APPLICANT:

Name (PRINT): __________________________________________________________

As part of the application process for the stipend program through the Indiana Child Welfare Scholars Program you must submit three (3) professional or academic references. Please request reference statements from three (3) persons who have recent knowledge about your academic or professional qualifications. Ask each of them to send the reference statement back to you in a sealed envelope after signing across the seal. Submit those unopened letters together with your application. References from family members will not be accepted. Include, if possible, 1) a reference from an employer; 2) a reference from a supervisor from paid or volunteer work; and 3) a reference from one faculty member. YOUR SIGNATURE IS REQUIRED ON THIS FORM.

NOTICE OF WAIVER

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf. I also understand that by submitting this letter of recommendation with my application packet it becomes the property of the Indiana Child Welfare Scholars Program and therefore my right of access is limited to viewing the document only at the school and I will not be allowed to obtain a copy of the letter from the school. I also understand that my ability to view these documents is contingent upon my being admitted into the Indiana Child Welfare Scholars Program.

_____ It is my desire that this letter be written in confidence and I waive my right of access to read this letter.

_____ I wish to retain my right to read this document once I have been admitted to the Indiana Child Welfare Scholars Program.

____________________________________________          _____________________
Signature                                                                                    Date

You must check one of the above options, sign, and date this waiver if this letter is to be included in your file. Failure to comply will waive the right of the applicant to read this letter.
TO THE REFERENCE: You have been asked to complete an evaluation on the above named person who is applying for admission to the Indiana Child Welfare Scholars Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived their right to review. Applicants who are not approved for the program have no access to their file. To help the admissions committee make an informed decision on the applicant’s suitability for the program, please answer the following questions.

1. How long and in what capacity have you known the applicant? ________________

2. Please evaluate the applicant in each of the following areas:

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| Ability to respect        |         |          |      |             |
| and work with differences |         |          |      |             |
| in people (i.e. race,     |         |          |      |             |
| class, culture, ethnicity,|         |          |      |             |
| sexual orientation)      |         |          |      |             |

| Responsible              |         |          |      |             |
| behavior (attendance,     |         |          |      |             |
| punctuality, etc)         |         |          |      |             |

| Oral communication       |         |          |      |             |
| skills                   |         |          |      |             |

| Written communication    |         |          |      |             |
| skills                   |         |          |      |             |

| Ability to work           |         |          |      |             |
| with others              |         |          |      |             |

| Ability to accept         |         |          |      |             |
| constructive feedback     |         |          |      |             |
3. In your opinion, what are the applicant’s primary strengths?

4. In your opinion, what are the applicant’s weaknesses?

5. What level of critical thinking skills have you observed in the applicant?

6. I would:
   _____ Recommend with enthusiasm
   _____ Recommend
   _____ Recommend with reservation
   _____ Not recommended

Signature:_________________________________________       Date:____________

Name (print or type)_________________________________________________________________________________

Organization: _______________________________       Phone #: _________
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June 1, 2015
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   Signature:____________________________________ Date:____________

   Name (print or type)____________________________________________________

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Name (print or type)________________________________________

Organization:_____________________________________________    Phone #:______