



## Title IV-E Child Welfare Program

### **2025 BASW Application**

### **Thank you for your interest in the Title IV-E Child Welfare Education BASW Program.**

Application Instructions (read carefully): The application needs to be completed and submitted at one time. It cannot be saved to return to later. You may print a blank application to assist you with preparing and gathering documents that will need to be uploaded, prior to beginning the application process.

1. Complete all sections. Dates require MM/DD/YYYY format. Phone numbers require US phone number.

**a. If a section does not apply to you type N/A in the box**

**i. If the question that does not apply to you is a phone number or date, use your phone number, or use today's date respectively.**

2. There are multiple sections that require applicant to upload documents. Upload the documents for each section, as you are completing the application.
3. To avoid complications and/or incomplete duplicates, submit the application only once.
4. For questions or assistance you may email Vincent Latham [vincentL@mail.fresnostate.edu](mailto:vincentL@mail.fresnostate.edu), Maxine Watson [maxinew@mail.fresnostate.edu](mailto:maxinew@mail.fresnostate.edu), or Cheryl Whittle at [cherylw@mail.fresnostate.edu](mailto:cherylw@mail.fresnostate.edu).

**Applications are due by February 21, 2024 11:59 pm.**

## Personal Information

Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Suffix	<input type="text"/>

Gender

Date of Birth (mm/dd/yyyy)

Ethnicity

Student ID Number

Expected Graduation Date  
(mm/dd/yyyy)

Are you a current County Employee?

\*Admittance into the Part Time program is limited to current employees of CWS, DSS, CDSS, or Tribal agencies

\*Note - If you are employed by a county, you will only be able to apply for the Part-Time Program

Yes

No

County Employee

Are you applying to the Full Time or Part Time Title IV-E Program\*?

\*Admittance into the Part Time program is limited to current employees of CWS, DSS, CDSS, or Tribal agencies

Yes

Full-Time

Part-Time

County Employment Information (Required for part-time applicants only)

County and Agency Name

Agency Address

Job Title

Length of Employment (Years/Months)

Agency Director

Task Area/Current Unit

Immediate Supervisor

Supervisor's Phone  
Number

### Contact Information -

Street Address Line 1

Street Address Line 2

City

State

Zipcode

County of Residence

How long?  
(Years/Months)

CA Resident

Mailing Address (If  
Different)

City

State

Zipcode

Mobile Phone

Email

Home Phone

Work Phone

# Emergency Contacts -

	Click to write Column 1 Contact 1	Click to write Column 2 Contact 2
Name		
Relationship		
Street		
City, State, Zip		
Phones		
Email		



# Citizenship & Veteren Status

Click to write Column 1

Yes/No - Details

Are you a US Citizen?

If no Please provide a copy of your legal documentation - Type of Documention

Document Number & Expiration Date

Does your legal documentation permit you to work post-graduation?

Is there a time limit?

Do you identify as Native American? If so, with which tribe(s) do you identify citizenship or descendency?

Are you currently enlisted in any branch of the U.S Military? (If yes please provide documentation)



Click to write Column 1

Yes/No - Details

Are you a  
Veteran of any  
branch of the  
U.S. Military?

Upload Legal Documentation if needed.

Upload Military Service Documentation if needed.

Languages (Other than English, include Sign Language)

	Click to write Column 2	Click to write Column 1	
	Language	Spoken	Written
Language 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Click to write Column 2	Click to write Column 1	
	Language	Spoken	Written
Language 3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Auto Insurance Information (**REQUIRED**)

Drivers License Number

State Issued

Expiration Date (mm/dd/yyyy)

Automobile Insurance Company

Policy Number

Type of Coverage

Expiration Date (mm/dd/yyyy)

Insurance Agent Name

Insurance Agent Phone Number

Employment History and/or Volunteer History  
Please attach a Resume

Background

**Please Note:**

You will be required to do a fingerprint and background check for your field placement. Is there any information you would like to share that may disqualify you for your internship and/or employment in Child Welfare Services? Please feel free to talk to the BASW coordinator. **This question is optional to respond to**, however if there is criminal background history you may be disqualified from the program.

- Check here to show you understand that a background check and fingerprint are required for field placement.

Check here if you wish to discuss this further with the BASW coordinator or if you have something to disclose.

Affirmation -

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support:

I agree to successfully complete my field placement in a Child Welfare agency and/or a public or non-profit agency serving child welfare clients -

**(County Employee's Only)**

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support.

If I am an employee of a county child welfare or social service agency, I agree to provide a letter of recommendation from my county supervisor/program manager with this application. Upon acceptance a letter of support from my county director indicating approval of my participation

in the Title IV-E BASW Child Welfare Program as a part-time student. -

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support:

I agree to maintain good standing during full-time or part-time enrollment in the BASW Program and complete the BASW curriculum. -

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support:

If I am not a county or social service agency employee, I agree to provide 1 letter of recommendation from county personnel, professors, or employment supervisors with this application on or before the final due date -

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support:

I agree to maintain use of an automobile, a valid driver's license, and automobile insurance for bodily injury at all times during my completion of this program -

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support:

I agree to be fingerprinted and to meet the criminal clearance requirements -

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support:

I understand that I am obligated to pay back this stipend/award support through one year of employment after graduation in a public/Tribal child

welfare or CDSS agency. If I am a county employee, I understand that I must return to my supporting agency -

Please type your initials indicating that you **read, understand, and agree** to the following requirement for the Title IV-E support:

I hereby confirm to the fact that I have never been discharged from employment at a county or other social services agency due to violation of county code/merit system rules or violation of agency or professional code of conduct and ethics -

I hereby affirm that all the information I have provided in this Title IV-E BASW Child Welfare Program Application is true and correct.

✕  

# SIGN HERE

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clear

## **Title IV-E BASW Standard Application Essay Question for Personal Statement.**

### **Directions:**

**Either** in the boxes below **or** on a separate document, please respond to the following set of questions. **You do not need to attach a document if you answer the questions in the provided boxes. These 6 questions are the personal statement.**

If you choose to attach a document for the personal statement in lieu of using the boxes below - make sure that you respond to each of the 6 questions and include your name in a header on each page. Please organize your responses and present your work in a brief and concise manner. Your entire response must be no longer than 5 double-spaced typed pages.



1. Please describe your current knowledge and understanding of the Child Welfare System/ Child Protective Services and your interest in working with children and families.

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the question. The box is currently blank.

2. What personal characteristics do you have that will help you work successfully in this field?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the question. The box is currently blank.

3. As you think of the diverse clients represented in public child welfare practice, how do you feel they are similar or different from you?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the question. The box is currently blank.

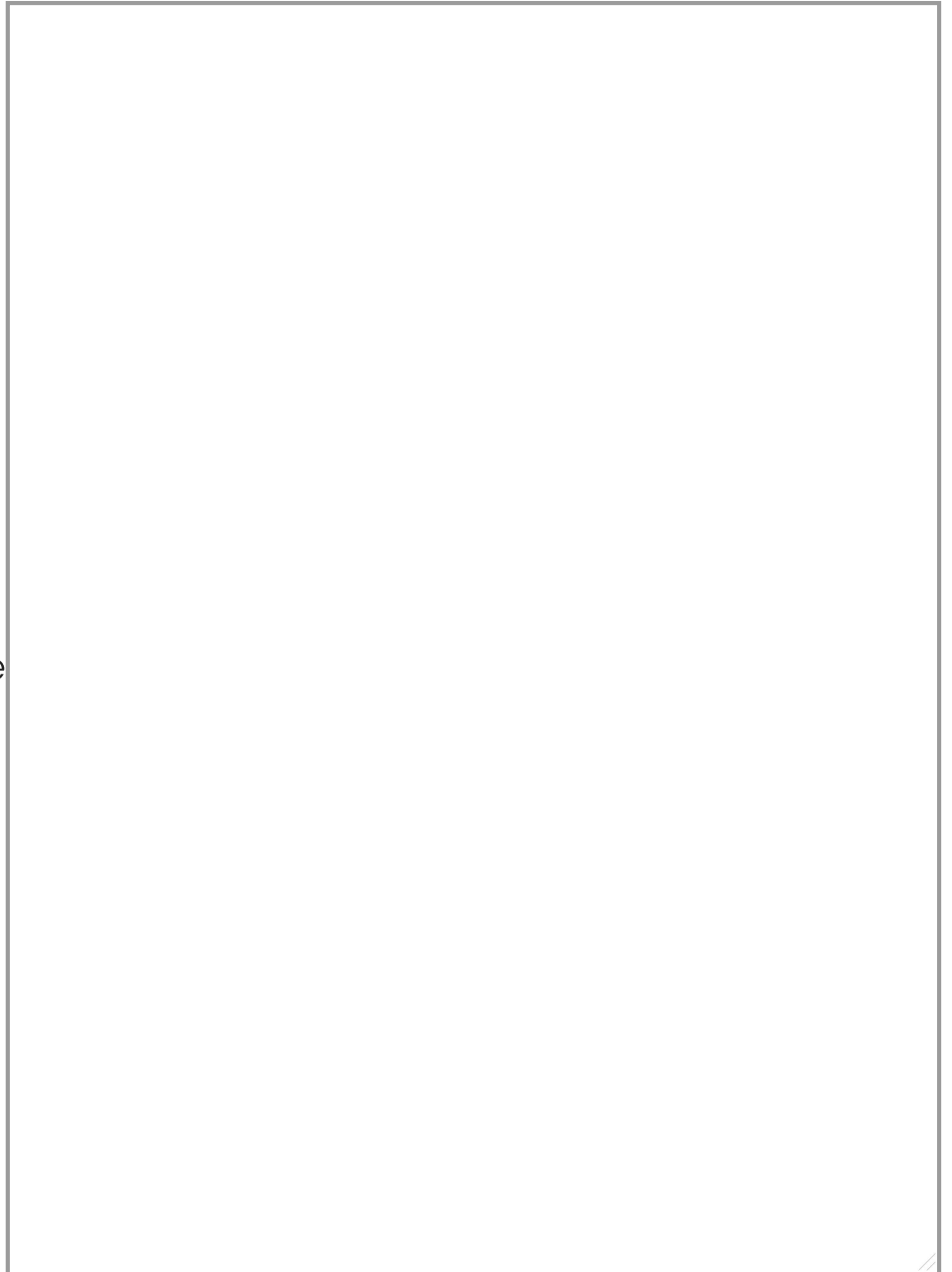
4. What are steps you would take in dealing with possible personal challenges while meeting your senior year and Title IV-E program expectations?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the question. The box is currently blank.

5. What is your  
commitment to the Title  
IV-E BASW Child Welfare  
Stipend Program after  
you graduate?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the question. The box is currently blank.

6. In reference to your career goals, where do you see yourself within the next five years?



Upload Personal Statement Doc **Optional to upload a document answering the 6 questions instead of utilizing the boxes above.**

**You do not need to attach a document if you**

**answered the questions in the provided boxes above. The 6 questions in the last section are the personal statement.**

**For Non-County Employees:** One letter of "Reference/Support Forms" is required. This [form](#) may be completed by a professor, an advisor or work supervisor. Reference Letter will be submitted online. Ask your reference to provide a letter in PDF Format to you to be include with your application. No personal references are permitted.

**For County Employees:** One reference letter is required from your County Supervisor or Program Manager and needs to be attached to this application. A Letter of Support from your County Director will also be required after acceptance to the program to indicate approval of your participation within the Title IV-E BASW Child Welfare Program.

No personal references are permitted.

- Ask your references to provide a letter in a PDF Format to

you to include with your application. All application documents will be submitted online.

## Upload Letter of Reference

### Full Time Checklist -

	Full Time Check when complete
Title IV-E BASW Application	<input type="radio"/>
Resume (Attachment)	<input type="radio"/>
Personal Statement	<input type="radio"/>
One Reference Letter (Attachment)	<input type="radio"/>
Legal Documentation (Attachment)	<input type="radio"/>

### Part Time Checklist



Part - Time

Check when complete

Title IV-E BASW  
Application

Resume  
(Attachment)

Personal Statement

Reference Letter  
from County  
Supervisor/Program  
Manager  
(Attachment)

Letter of Support  
from your County  
Director (Upon  
Acceptance in IV-E  
Program)

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