



## Mentoring Children of Prisoners: Caregiver's Choice Eligibility Requirements - Program Checklist

I. PROGRAM TYPE		
<p><u>My program:</u></p> <ul style="list-style-type: none"> <li>▪ Is a community-based or site-based mentoring program</li> <li>▪ Has at least <u>one year</u> of experience sponsoring and supporting one-to-one, in-person mentoring relationships between adults and youth.</li> <li>▪ Requires (or agrees to require) an initial match commitment of at least 12 consecutive months.</li> <li>▪ Requires mentors and mentees to meet at least 4 hours in person per month and have weekly contact (via e-mail, phone, etc.).</li> <li>▪ Is not a current Mentoring Children of Prisoners (MCP) grantee; or Is a current grantee that is exceeding the capacity of my existing MCP grant. [Exceeding capacity is defined as meeting the grant's yearly match goal and will be re-evaluated for each year of the grant.]</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II. BEST PRACTICES *		
<p><u>My program has the following best practices in place:</u></p> <p><b>A. Screening and Safety</b></p> <ul style="list-style-type: none"> <li>▪ Has written policy and procedures related to screening (must be submitted with application).</li> <li>▪ Has written mentor application.</li> <li>▪ Uses FBI fingerprint-based background check for mentor.</li> <li>▪ Conducts in-person interview with mentor.</li> <li>▪ Conducts reference checks on mentor.</li> <li>▪ Has clear mentor eligibility requirements.</li> <li>▪ Has mentor job description.</li> </ul> <p><b>B. Training</b></p> <ul style="list-style-type: none"> <li>▪ Provides a minimum of 2 hours of pre-match mentor training.</li> <li>▪ Provides a minimum of at least 1 hour of age-appropriate orientation/training to mentees.</li> <li>▪ Conducts quarterly ongoing training for mentors.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>C. Matching</b>		
▪ Matches mentors and mentees based on similar interests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Matches mentors and mentees based on the needs of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Respects the preferences of the parent/guardian during the matching process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D. Match Support and Monitoring</b>		
▪ Provides ongoing support/case management to matches through in-person or telephone contacts with the mentor and mentee (or parent/guardian):		
a. Twice a month for the first month of the match.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Monthly after the first month of the match.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Has a closure policy in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Note: The mentoring program quality standards are based on the <i>Elements of Effective Practice</i> , METNOR/National Mentoring Partnership, 2003.		

### III. PROGRAM CAPACITY

<u>My program meets the following capacity requirements:</u>		
▪ Has staffing that includes at least 1 paid full-time equivalent dedicated to mentoring.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Has sustainability and/or development plan in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Has written policy and procedures manual in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Has proof of liability insurance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### IV. ADDITIONAL REQUIREMENTS FOR APPROVED PROGRAMS

<u>My program agrees to meet the following general eligibility requirements:</u>		
▪ Obtain permission from the board of directors to participate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Participate in training on working with children of prisoners and project guidelines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Update policy and procedures manual to include information about working with children of prisoners and participating in the voucher project.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Complete training on the use of MentorPRO Basic and use MentorPRO Basic to track voucher-supported mentoring relationships (requires internet access).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Comply with all project guidelines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Cooperate with all evaluations and return survey forms in a timely manner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Reapply and be approved for the program on an annual basis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you have checked yes to all boxes above, your program may meet all the eligibility requirements. You are encouraged to go to [INSERT WEBSITE] and apply to join Caregiver's Choice.**