



<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, your program may meet all the eligibility requirements. You are encouraged to go to [www.mentoring.org/caregiverschoice](http://www.mentoring.org/caregiverschoice) and apply to join Caregiver's Choice.**