

APPLICATION FOR MENTORING SERVICES

Provider Information

Provider name	Licensing Number
Address	County
Email	Phone
Contact Person	Title

Please tell us about your facility:

Is the facility a CCS regulated provider? YES NO

Is the facility a current TRS provider? YES NO

Type of facility?

Is the facility Nationally Accredited? YES NO **If yes, please select:**

The facility is open during the following time frames (check all that apply):

Weekdays Weekends Nights Full Year School Year Only Summer Only Other _____

How long has the facility been operating at this site? Years: _____ Months: _____

Ages served and number enrolled by age group (check all that apply):

INFANT (0-17m) # _____ TODDLER (18-35m) # _____ PRESCHOOL (3-5y) # _____ SCHOOL AGE (6-13y) # _____

What training/education do you require of caregivers?

What training/education opportunities do you provide for caregivers?

What type of curriculum do you use? Name/describe for each age group.

What are your greatest challenges in working toward program improvement?

Please describe your program's commitment to achieving TRS Certification:

I understand that this application as well as the facility's licensing history will be reviewed and assessed for consideration of Mentoring Services as it relates to preparing/applying for or maintaining Texas Rising Star Certification. The application is evaluated based on my facility's licensing history and my commitment to change the quality of service provided to children in my facility.

Provider Signature

Date

SUBMIT TO:

MAIL: Workforce Solutions Alamo
C/O: TRS Mentors
1499 Hillcrest, Suite 104
San Antonio, TX 78228

EMAIL: TRS_Mentors@wsalamo.org