

# ELIGIBILITY REQUIREMENTS

## Program Checklist

### I. PROGRAM TYPE

#### My program:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Is a community-based or site-based mentoring program.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Has at least one year of experience sponsoring and supporting one-to-one, in-person mentoring relationships between adults and youth.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Requires (or agrees to require) an initial match commitment of at least 12 consecutive months.*   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Requires mentors and mentees to meet at least 4 hours in person per month and have weekly contact (via e-mail, phone, etc.).  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Is not a current Mentoring Children of Prisoners (MCP) grantee; or Is a current grantee that is exceeding the capacity of our 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.] | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\* School-based programs are asked to extend their commitment when school is not in session

### II. BEST PRACTICES

#### My program has the following best practices in place:

##### A. Screening and Safety

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Has written policies and procedures related to screening (must be submitted with application). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Has written mentor application.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Uses FBI fingerprint-based background check for mentor.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Conducts in-person interview with mentor.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Conducts reference checks on mentor.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Has clear mentor eligibility requirements.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Has mentor job description.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

##### B. Training

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Provides a pre-match mentor training.                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Provides age-appropriate orientation/training to mentees. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Conducts quarterly ongoing training for mentors.          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

##### C. Matching

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Matches mentors and mentees based on similar interests.                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Matches mentors and mentees based on the needs of the child.                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Respects the preferences of the parent/guardian during the matching process. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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### D. Match Support and Monitoring

- 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.
  - b. Monthly after the first month of the match.
- Has a closure policy in place.

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: The mentoring program quality standards are based on the Elements of Effective Practice™ MENTOR/National Mentoring Partnership, 2003.

### III. PROGRAM CAPACITY

My program has the following capacity requirements:

- Has staffing that includes at least 1 paid full-time equivalent dedicated to mentoring.\*
- Has sustainability and/or development plan in place.
- Has written policies and procedures manual in place.
- Has proof of liability insurance.

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\* If a program has less than 15 matches, staffing may be less than 1 FTE.

### IV. ADDITIONAL REQUIREMENTS FOR APPROVED PROGRAMS

My program agrees to meet the following general eligibility requirements:

- Obtain permission from the board of directors to participate.
- Participate in training on working with children of prisoners and project guidelines.
- Update policies and procedures manual to include information about working with children of prisoners and participating in Caregiver's Choice.
- Complete training on the use of MentorPRO Basic® and use MentorPRO Basic® to track voucher-supported mentoring relationships (requires Internet access).
- Comply with all project guidelines.
- Cooperate with all evaluations and return survey forms in a timely manner.

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <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.