



FOSTER PARENT APPLICATION

Family Name	
Applicant 1	
Applicant 2	
Address	
City, State & Zip	
County	
Home Phone	
Contact Number	
Contact Number	
Email Addresses	

Directions to home:

Household Members

Name	Age/DOB	Gender/ Role	Relationship	Citizenship	Education



Applicant # 1

Name: _____

DOB: _____ Gender: M F

Age: _____ Ethnicity: _____

SS # _____

Driver's Lic. # _____

Language(s) Spoken: _____

Occupation: _____

Annual Salary: _____

Highest Grade Completed: _____

Did You Attend College: _____

Number of Hrs. Completed: _____

Degree Awarded: _____

Marital Status: _____

If Married, Date: _____

Applicant #2

Name: _____

DOB: _____ Gender: M F

Age: _____ Ethnicity: _____

SS # _____

Driver's Lic. # _____

Language(s) Spoken: _____

Occupation: _____

Annual Salary: _____

Highest Grade Completed: _____

Did You Attend College: _____

Number of Hrs. Completed: _____

Degree Awarded: _____

Marital Status: _____

If Married, Date: _____

Applicant # 1

Have you been divorced:

Name of previous spouse(s) and Date of Marriage(s) and Divorce(s):

Applicant # 2

Have you been divorced:



ADULT CHILDREN

Please list all adult children for Applicant #1 and Applicant # 2.

1. Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address: _____

Parent(s) of the Adult Child: _____

2. Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address: _____

Parent(s) of the Adult Child: _____

3. Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address: _____

Parent(s) of the Adult Child: _____

4. Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address: _____

Parent(s) of the Adult Child: _____





5. Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address: _____

Parent(s) of the Adult Child: _____

Pets in Household:

Name of Pet	Species	Most Recent Rabies Vaccination Date



HOME ENVIRONMENT

Do you have a swimming pool?

If so, please explain how you will provide for a child's safety:

Do you own any type of gun(s)/firearm(s)?

If so, please list ALL firearms, indicating how they are stored, how ammunition is stored, as well as how you will provide for a child's safety: (The list of firearms will not appear in your home study.)

Do you have any explosive materials and/or projectiles such as darts, arrows, BBs, etc? Y / N

If so, please list where they are stored as well as your safety plan for keeping them out of the reach of children.

EMPLOYMENT & INCOME

Applicant # 1: _____

Current Employer:

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to Contact Employer:

Monthly Salary: _____ Hire Date: _____ Work Hours: _____



Previous Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to Contact Employer:

Monthly Salary: _____ Hire Date: _____ Work Hours: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to Contact Employer:

Monthly Salary: _____ Hire Date: _____ Work Hours: _____

Reason for leaving: _____

****Please attach a resume indicating your complete work history***

Applicant # 2: _____

Current Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to Contact Employer:

Monthly Salary: _____ Hire Date: _____ Work Hours: _____



Previous Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to Contact Employer: Y N

Monthly Salary: _____ Hire Date: _____ Work Hours: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to Contact Employer: Y N

Monthly Salary: _____ Hire Date: _____ Work Hours: _____

Reason for leaving: _____

****Please attach a resume indicating your complete work history***

Other Sources of Income:

Please indicate the nature and amount of any other source(s) of income.

Applicant #1

Social Security _____

Child Support _____

Food Stamps _____

Disability _____

Retirement _____

Rental Property _____

Public Assistance _____

Other _____



Applicant #2

Social Security _____

Child Support _____

Food Stamps _____

Disability _____

Retirement _____

Rental Property _____

Public Assistance _____

Other _____

FINANCIAL INFORMATION

Please fill out the following financial information completely (we cannot accept and process your application without this information). If you don't have an expense listed below, please enter a "0" in the space provided. For all other expenses, please enter in the most recent figures from your bills or statements.

Monthly Household Expenses*do not include expenses that are deducted from paychecks

House/Rent Payment	\$	Automobile Insurance	\$	Groceries & Household Supplies	\$
Payments for other Real Estate or Property	\$	Life Insurance	\$	Medical Care (Not covered by insurance)	\$
Automobile Payments	\$	Medical & Dental	\$	Dental Care (Not covered by insurance)	\$
Gasoline & Auto Maintenance	\$	Child Care	\$	Recreation & Entertainment	\$
Telephone	\$	Child Support Payments	\$	Debts	\$
Clothing	\$	Utilities	\$	Other Expenses	\$

TOTAL: \$



CHILD CARE EXPERIENCE

Fostering Interests:

What age range of children would you be interested in fostering? _____

Would you consider a child with a handicapping condition? Y / N If yes, please mark all that apply:

Medical Physical Emotional

Would you consider fostering siblings? Y / N

Do you have any previous experience working with children? If so, please describe.

Do you have any previous experience working with children who have behavioral and/or emotional problems or who are classified as having special needs? If so, please describe.

Have you ever applied with another Child Placing Agency to be a foster parent? Y / N

Name of Agency: _____

Agency Phone Number : _____

Is your home currently licensed, regulated, approved or operated by another agency? Y / N

If Yes, please list agency name: _____



Is your home currently licensed to provide day care services? Y / N

If yes, please list agency name: _____

Have you ever been denied a foster care license or renewal or had your license revoked? Y / N

If yes, please explain and indicate which agency you were licensed through at the time:

CRIMINAL HISTORY

Please be as thorough and complete as possible. Criminal convictions do not necessarily disqualify you from becoming a foster parent.

Have you ever been charged, arrested and/or convicted of any misdemeanor or felony? Y / N

If yes, please explain. Be sure to include the date of the incident and the resolution:

Has anyone in your household or individuals who visit your home been charged, arrested and/or convicted of any misdemeanor or felony? Y / N

If yes, please explain. Be sure to include the date of the incident and the resolution:



Have you ever been reported for abuse or neglect of a child or children? Y / N

If yes, please explain. Be sure to include the date of the incident and the resolution:

Have you ever been convicted of abuse or neglect of a child or children? Y / N

If yes, please explain. Be sure to include the date of the incident and the resolution:

Has anyone in your household or anyone who visits the home ever been reported for abuse or neglect of a child or children? Y / N

If yes, please explain. Be sure to include the date of the incident and the resolution:

Has anyone in your household or anyone who visits the home ever been convicted of abuse or neglect of a child or children? Y / N

If yes, please explain. Be sure to include the date of the incident and the resolution:

Please list any traffic tickets received within the past three (3) years, including moving violations, DWIs, etc. Please indicate the resolution of those citations:



As a part of the application process, it is necessary for a criminal background check to be completed on each applicant. Please fill out the attached form 2971 and include a copy of your driver's license and Social Security card for identity verification with this application. Please sign below giving consent for your criminal history check.

Applicant #1: _____

Date: _____

Applicant #2: _____

Date: _____

Please note: Prior to verification of a foster home, it may be necessary for the same background check to be completed for certain people living in the home.

REFERENCES

Please list three (3) people, Two (2) that are friends or professionals that you have known approximately three (3) years and then one(1) family member, who we may contact for a reference.

1. **Name:** _____

Address: _____

Telephone Number: _____

Email Address: _____

Relationship: _____



2. **Name:** _____

Address: _____

Telephone Number: _____

Email Address: _____

Relationship: _____

3. **Name:** _____

Address: _____

Telephone Number: _____

Email Address: _____

Relationship: _____

APPLICANT ASSURANCE

I/We hereby declare that the information provided by me/us in this Foster Parent Application is true, accurate, and complete to the best of my/our knowledge. I/We give my/our permission for any of this information to be verified and I/we understand that if any of this information is found to be inaccurate or false, this may be grounds for terminating any further consideration of my/our application. I give my consent for any agency, employers, companies, friends or family to be contacted.

Applicant #1: _____

Date: _____

Applicant #2: _____

Date: _____