

Date Given: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## Applicant Information

**Applicant 1:** Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous names/maiden name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_ Religion: \_\_\_\_\_

**Applicant 2:** Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous names/maiden name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: Married  on \_\_\_\_\_ (date) Single  Separated  Divorced  on \_\_\_\_\_ (date)

List any minor children living in the household:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other individuals living in the household:

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Do you have pets or animals at this address?  No  Yes If yes, please list, along with name of pet:

\_\_\_\_\_

## Contact Information and History

Address: \_\_\_\_\_  
STREET      UNIT/APARTMENT      CITY, STATE, ZIP      COUNTY

Length of Time at Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Applicant 1**

**Applicant 2**

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

List Previous Address(es) for the last 5 years:

Street Address	City	State	Zip Code	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Street Address	City	State	Zip Code	Dates
_____	_____	_____	_____	_____

**Employment**

**Applicant 1**

Current Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Previous Employers (*in the last 5 years*)

Employer/Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer/Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer/Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Applicant 2**

Current Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Previous Employers (*in the last 5 years*)

Employer/Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer/Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer/Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ \$ \_\_\_\_\_ Source(s) \_\_\_\_\_

Total Annual Income: \$ \_\_\_\_\_ Monthly Expenses: \$ \_\_\_\_\_

**Residence Information**

Location of Room (e.g., upstairs, downstairs)

Number of Bedrooms:	#1	#2	#3	#4
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Approximate square footage of home? \_\_\_\_\_

**Personal Information**

Have you had previous experience with foster Care? If so, please explain.

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Are you currently a licensed foster care or treatment foster care provider? \_\_\_\_\_

If so, please provide the following information:

Agency: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Have you previously been a licensed foster care or treatment foster care provider? \_\_\_\_\_

If so, please provide the following information:

Agency: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Why did you decide to apply to become a foster parent at this time?

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**Education Applicant 1:**

Name of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 Name of College or Technical School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 Degree Earned: \_\_\_\_\_  
 Any Additional Education or Training (Include Job Related): \_\_\_\_\_ Dates: \_\_\_\_\_  
 \_\_\_\_\_

**Education Application 2:**

Name of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 Name of College or Technical School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 Degree Earned: \_\_\_\_\_  
 Any Additional Education or Training (Include Job Related): \_\_\_\_\_ Dates: \_\_\_\_\_  
 \_\_\_\_\_

**Military Service:**

**Applicant 1**

**Applicant 2**

Were Either Applicant in the Military?  Yes  No  Yes  No

**Health Status:**

**Applicant 1**

**Applicant 2**

Do you have/had any health conditions? If yes, please list below  Yes  No  Yes  No

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**References**

***Please list 2 personal references who are not related to you.***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

***Please list a professional reference who can speak to your parenting abilities.  
(This may be a social worker, educator, etc.).***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

***Please list a reference who is a relative who can speak to your parenting abilities.  
(This would include an adult child).***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_