

Foster Care Provider Application

Date: _____

Parent 1: _____ DOB _____

Social Security #: _____ Email address: _____

Parent 2: _____ DOB _____

Social Security #: _____ Email address: _____

Married _____ Single _____ Separated _____ Divorced _____

Date of Marriage: _____ Date of Divorce: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

School District: _____

How long have you lived at this address? _____

Parent 1 - Home Phone # _____ Parent 2 - Home Phone # _____

Parent 1 - Work Phone # _____ Parent 2 - Work Phone # _____

Parent 1 - Cell Phone # _____ Parent 2 - Cell Phone # _____

Minor Children Living in Household

Name	DOB
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Others Living in the Household

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Employer(s)

Employer	From – To
Parent 1. _____	_____
Parent 2. _____	_____

Monthly Income	\$ _____ Parent 1	\$ _____ Parent 2	\$ _____ Annual Income
\$ _____ Other Income		\$ _____ Monthly Expenses	

Previous Employers (Past 5 Years) Parent 1

Employer	From – To
1. _____	_____
Reason for leaving: _____	
2. _____	_____
Reason for leaving: _____	
3. _____	_____
Reason for leaving: _____	

Previous Employers (Past 5 Years) Parent 2

Employer	From – To
1. _____	_____
Reason for leaving: _____	
2. _____	_____
Reason for leaving: _____	
3. _____	_____
Reason for leaving: _____	

Family or personal Physician: _____

Auto Insurance Company: _____

Home Owner's Insurance Company: _____

Personal Data

Have you had experience with foster care? If yes, please explain the circumstances and describe your experiences:

What is it about foster parenting that interests you? _____

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

What do you see as your greatest challenge in being a foster parent?

What are your strengths that could be of benefit to foster children?

Are you currently licensed as a Foster Care or Treatment Foster Care Provider?

If Yes, with what agency? _____

Address: _____

Name of Social Worker: _____

Have you been licensed in the past as a Foster Care or Treatment Foster Care Provider?

If Yes, with what agency? _____

Address of the agency: _____

Name of Social Worker: _____

Please provide 2 personal references that are unrelated to you, 1 professional reference who can speak to your abilities as a parent, (this may be a social worker or school professional etc.) and 1 reference from an adult child or relative who can speak to your abilities as a parent. Please provide complete mailing information.

1. _____
(Personal Reference) Name

Address

Phone Number

Email Address

2. _____
(Personal Reference) Name

Address

Phone Number

Email Address

3. _____
(Professional Reference) Name

Address

Phone Number

Email Address

4. _____
(Relative Reference) Name

Address

Phone Number

Email Address

Signature of Applicant

Date

Signature of Applicant

Date