



APPLICATION: FOSTER/ADOPTIVE PARENT

Thank you for your time and effort in completing this application thoroughly by providing truthful and detailed answers so that we may properly review, consider, and represent your family. By being complete and with appropriate elaboration in your responses on these instruments, we are able to move thorough the process with less delay, follow up, and miscommunication. Thank you in advance and we look forward to serving you!

Requirements for Foster/Adoptive Applicants:

- At least 21 years old
- Married for at least one year or single. Both spouses must complete the process to become verified.
- If divorced, legally divorced for at least 6 months.
- Minimum Income: Applicants must have an income that meets the financial needs of their home.
 - The income must cover all living expenses to include all basic needs and other financial obligations such a car payment/insurance.
- Proof of homeowner’s insurance with liability coverage.
- Home is free of burglar bars.

Date of Application:

Adult 1		Adult 2	
Full Legal Name:		Full Legal Name:	
Address:		Address:	
County:		County:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email:		Email:	
Date of Birth:		Date of Birth:	
Social Security #:		Social Security #:	
Driver’s License #:		Driver’s License #:	
Race & Citizenship:		Race & Citizenship:	
Religious Preference:		Religious Preference:	
Languages spoken:		Languages spoken:	

What is your goal in becoming licensed?: Select

Please identify any preferences:

Age Range:	
Gender:	
Will you serve Sibling Groups:	
Will you provide Respite?:	

KINSHIP HOMES ONLY:

Kinship Worker Name:	
County of Removal:	
Kinship Child Name:	
Kinship Child Name:	
Kinship Child Name:	
Kinship Child Name:	
Kinship Child Name:	

Current Residence

Do you currently rent or own your home?:

If applicable, name of subdivision or apartment complex:

History of Residence for past 10 years:

Adult 1

Date (Month & Year)	Locational Address	Reason for Moving

Adult 2

Date (Month & Year)	Locational Address	Reason for Moving

Vehicles Owned

Make	Model	Total Number of Seats

Previous Marriages:

Adult 1

Spouse's Full Name	Dates of Marriage	Termination Date	Reason for Termination

Adult 2

Spouse's Full Name	Dates of Marriage	Termination Date	Reason for Termination

Date of Current Marriage:

Any previous names, including maiden name:

Adult 1:

Adult 2:

Household members and children currently residing in your home. *This would include any person who is living in your home.*

Name:	
Relationship to applicant:	
Date of birth:	
Social Security #:	
Driver's License #:	
Phone Number:	
Ethnicity:	
Grade Level or Occupation:	

Name:	
Relationship to applicant:	
Date of birth:	
Social Security #:	
Driver's License #:	
Phone Number:	
Ethnicity:	
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Social Security #:	
Driver's License #:	
Phone Number:	
Ethnicity:	
Grade Level or Occupation:	

Name:	
Relationship to applicant:	
Date of birth:	
Social Security #:	
Driver's License #:	
Phone Number:	
Ethnicity:	
Grade Level or Occupation:	

Please list biological/step/adoptive children who are NOT living in your home:

Name:	
Relationship to applicant:	
Date of Birth:	
Phone Number:	
E-Mail Address:	
Ethnicity:	
Grade Level/Highest Level Achieved:	
Occupation:	

Name:	
Relationship to applicant:	
Date of Birth:	
Phone Number:	
E-Mail Address:	
Ethnicity:	
Grade Level/Highest Level Achieved:	
Occupation:	

Name:	
Relationship to applicant:	
Date of Birth:	
Phone Number:	
E-Mail Address:	
Ethnicity:	
Grade Level/Highest Level Achieved:	
Occupation:	

Name:	
Relationship to applicant:	
Date of Birth:	
Phone Number:	
E-Mail Address:	
Ethnicity:	
Grade Level/Highest Level Achieved:	
Occupation:	

Employment

Adult 1		Adult 2	
Employer:		Employer:	
Position Title:		Position Title:	
Hire Date:		Hire Date:	
Working Days/Hours:		Working Days/Hours:	
In office, remote, or hybrid:		In office, remote, or hybrid:	
Travel Requirements:		Travel Requirements:	
Monthly Salary (NET):		Monthly Salary (NET):	
Immediate Supervisor:		Immediate Supervisor:	
Work Phone Number:		Work Phone Number:	

Employment History: *Please list employment history for the past ten years.*

Adult 1		Adult 2	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	

Adult 1		Adult 2	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	

Adult 1		Adult 2	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	

<u>Adult 1</u>		<u>Adult 2</u>	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	

<u>Adult 1</u>		<u>Adult 2</u>	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	

Income and Budget:

Total Monthly Household Income *(Include any government or other financial resources you receive such as SNAP, WIC, TANF)* Please list all in NET amounts.

Source of Income:		Amount:	
Source of Income:		Amount:	
Source of Income:		Amount:	
Source of Income:		Amount:	
Source of Income:		Amount:	
		Total NET Amount:	

Monthly Household Expenses

House/Rent Payments	\$	Automobile Insurance	\$
Payments for Other Real Estate Property	\$	Life Insurance	\$
Automobile Payments	\$	Medical and Dental Insurance	\$
Gasoline and Auto Maintenance	\$	Child Care	\$
Telephone/Cell Phone/Internet Service	\$	Child Support Payments	\$
Groceries and Household Supplies	\$	Credit cards	\$
Utilities (electric/water/gas)	\$	Tithes and/or Charitable Contributions	\$
Medical Care (Not covered by Insurance)	\$	Student Loans	\$
Dental Care (Not covered by Insurance)	\$	Recreation and Entertainment	\$
Boat/RV/ATV/trailer payments (specify):	\$	Clothing	\$
Cable/Satellite/Subscription TV Services	\$	Personal or payday loans	\$
Legal (court fees, attorney fees, alimony, etc)	\$	Pet/Animal Expenses	\$
Taxes:	\$	Other Debts/Expenses (specify): <small>Click or tap here to enter text.</small>	\$
		TOTAL MONTHLY EXPENSES:	\$

EDUCATION

Adult 1			Adult 2		
Name of High School and/or Highest Grade Completed:		Graduation Date:	Name of High School and/or Highest Grade Completed:		Graduation Date:
Undergraduate:	Degree:	Graduation Date:	Undergraduate:	Degree:	Graduation Date:
Graduate:	Degree:	Graduation Date:	Graduate:	Degree:	Graduation Date:

Relevant History

	<u>ADULT 1</u>	<u>ADULT 2</u>
Have you ever been arrested or convicted of a felony or misdemeanor?:		
If yes, explain:		
Have you ever been reported for abuse or neglect of a child or children?		
If yes, explain:		
Have you ever been convicted of abuse or neglect of a child or children?		
If yes, explain:		
Do you drink alcohol?		
If yes, how much & how often?		
Do you smoke?		

Household Information

Do you own or keep any pets in your home?:

If yes:

<u>NAME:</u>	<u>Animal Type:</u>	<u>BREED:</u>

Do you own or keep any weapons (guns/projectiles) in your home?:

If yes:

<u>WEAPON TYPE</u>	<u>QUANTITY</u>

HEALTH STATUS

Do you currently have health insurance, through employment or other means?

Adult 1:

Adult 2:

Has anyone in your household had difficulties in the following areas?

	ADULT 1	ADULT 2
Disorder/Disease of the heart, lungs, liver, pancreas, colon, back, bones, muscles, or joints:		
Disorder/Disease of the digestive system, urinary tract, kidneys, reproductive system, infertility:		
Immune disorder, AIDS, ACR, or chronic lung disorder:		
Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis or birth defect:		
Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism, drug abuse, or addiction:		
Diabetes:		
High Blood Pressure:		
Physical, mental, or emotional disability or disorder:		

Please provide details for any “YES” answers as follows:

<u>Name</u>	<u>Condition & Diagnosis</u>	<u>Dates</u>	<u>Treatment & Results</u>

Please list any other known serious illnesses, handicaps, chronic conditions or emotional problems, past or present, for all persons living in the home.

References:

Please list two support references: *(An individual whom you would call on in the event of an emergency, if you are sick and need assistance, or who may help babysit on occasion.)*

Support Reference #1:

Name:	
Relationship to applicant:	
E-mail Address:	
Phone Number:	

Support Reference #2:

Name:	
Relationship to applicant:	
E-mail Address:	
Phone Number:	

Please list two community references: *(Neighbor, pastor, community leader, co-worker, teacher, etc.)*

Community Reference #1:

Name:	
Relationship to applicant:	
E-mail Address:	
Phone Number:	

Community Reference #2:

Name:	
Relationship to applicant:	
E-mail Address:	
Phone Number:	

Please list two family relative references. *(Please provide 2 relatives who are not already listed above.)*

Relative Reference #1:

Name:	
Relationship to applicant:	
E-mail Address:	
Phone Number:	

Relative Reference #2:

Name:	
Relationship to applicant:	
E-mail Address:	
Phone Number:	

Has any adult living in your home ever applied to be a foster parent with a different agency?:

If yes, with what agency?:

Date of application:

Have you or any adult living in your home ever been denied foster care license or license?:

If yes, with what agency?:

Reason for denial:

Is your home currently licensed, regulated, approved, or operated by any other agency?:

If yes, with what agency?:

Reason for Transfer:

Identify persons that may provide support to your home, as a caregiver to foster children in the event of an unexpected event or crisis such as an illness or disability of a foster parent, loss of transportation, or the death of an immediate family member.

Full Name	Relationship	Phone Number

Identify persons who are frequent visitors, defined as visitors who are in your home two or more times per month. (family, friends, neighbors, etc)

Full Name	Relationship	Phone Number

