

For administrative use only:

Date Sent: _____

Date Received: _____

FOSTER/RESPITE CARE APPLICATION Foster _____ Respite _____

APPLICANT #1

Last Name: _____ First: _____ M.I.: _____

Maiden Name/Former Name(s): _____ DOB: _____

Gender: _____ Race/Ethnicity: _____ Religion: _____

Primary Phone: _____ E-mail: _____

APPLICANT #2

Last Name: _____ First: _____ M.I.: _____

Maiden Name/Former Name(s): _____ DOB: _____

Gender: _____ Race/Ethnicity: _____ Religion: _____

Primary Phone: _____ E-mail: _____

RESIDENCE

Address: _____
 Street Address City State Zip County

Mailing Address (If different than above): _____

Length of time at above address (Applicant #1) _____ Length of time at above address (Applicant #2) _____

List states you have resided in as an adult. If you have resided out of state, please include the city and county for each state.

Applicant #1

Applicant #2

Number of Rooms (excluding bathrooms) _____

Number of Bathrooms _____

Number of Bedrooms _____

Total Square Footage in Home _____

Do you own or rent your home? Own Rent

Are you permanently settled? No Yes

School District: _____

LIST ALL FIREARMS, AMMUNITION AND DANGEROUS WEAPONS THAT ARE KEPT ON THE PREMISES:

RELATIONSHIP INFORMATION

Current marital status: Married, Divorced, Widowed, Single, Engaged, Co-habiting, Domestic Partnership, Other – Explain:

Date of present marriage (if applicable): _____

Applicant #1

Name: _____

Applicant #2

Name: _____

Full Name of Previous Spouse: _____

Date of marriage: _____

Date marriage ended: _____

Reason for termination: _____

*Attach an additional page if needed.

FAMILY FINANCIAL STATEMENT

Annual Gross Income	Applicant #1	\$ _____
	Applicant #2	\$ _____
Other Income (specify) _____	\$ _____	\$ _____
Child support, Social Security, etc. _____	\$ _____	\$ _____
Savings account – Yes / No	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Monthly Expenses	Home	\$ _____
	Auto	\$ _____
	Utilities	\$ _____
	Bank Loans	\$ _____
	Child Support	\$ _____
	Credit Card	\$ _____
	Daycare	\$ _____
	Miscellaneous (groceries, cell phone, etc.)	\$ _____
	TOTAL	\$ _____

LIST CHILDREN OF BOTH APPLICANTS – List adult children, whether living in your residence or not, including those who are deceased

Name	Gender	DOB	Address	School	Relationship to App. #1 (ex: birth, step, adopted)	Relationship to App. #2 (ex: birth, step, adopted)

OTHER HOUSEHOLD MEMBERS

Name	Gender	DOB	School	Relationship	Employment

EXTENDED FAMILY – List parents, step-parents, siblings, step-siblings, including those who are deceased and their date of death

APPLICANT #1 Name	DOB	Date of Death	Relationship	Residence (City, State)	APPLICANT #2 Name	DOB	Date of Death	Relationship	Residence (City, State)

PETS

Pet Type & Name (ex: Dog, "Rocky")	Breed	Behavior Around Children	Last Date of Vaccination, including Rabies

PHYSICAL/MENTAL HEALTH STATUS

Name	General Health Description	List Current Diagnoses	Hospitalizations/Reasons	Names of Physician(s)	Prescription and OTC medications used and purpose
Applicant #1					
Applicant #2					
Child(ren) and other household members					

For office use only:

Foster Parent Name: _____

Worker Name: _____

PERSONAL REFERENCES

Note: List people who know you well. Only one relative may be included.

Name(s)/Relationship	Address, City, State, Zip Code

WORK REFERENCES

Note: This information is requested to gather information that speaks to applicant reliability, temperament, conflict resolution, etc.

	Applicant #1:	Applicant #2:
Name of Company:		
Supervisor:		
Address:		
Phone:		

SCHOOL/DAYCARE REFERENCES, IF APPLICABLE

Note: This information is requested to gather information that speaks to parenting abilities.

Child Name:			
Daycare/School:			
Address:			
Phone:			
Contact Person:			

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Applicant # 1: Name _____

EMPLOYMENT

Occupation: _____

Work Schedule (Including hours and days of week): _____

MILITARY SERVICE

Have you ever been in the military: Yes / No

If yes, which branch: _____

Were you honorably discharged? Yes / No

Date of discharge: _____

PREVIOUS CAREGIVER EXPERIENCE

Have you ever applied for foster home licensing? Yes / No

Have you ever applied for any other license or certification for the care of child(ren)? Yes / No Adults? Yes / No

FOSTER CARE

Do you have an age/gender preference of child(ren) that you wish to care for? _____

What type of child would you not consider for placement? (Child(ren) with special needs, different cultural backgrounds, religious backgrounds, sibling groups, etc.) _____

ADOPTION

Have you ever applied for adoption? _____ Agency? _____

If yes, please explain outcome: _____

Would you consider adoption? Yes / No

In completing this questionnaire, I understand there is no commitment by the agency that a child will be placed in my home. I also understand that the agency is free to consult persons or agencies named herein and complete any required criminal records check.

Pursuant to DCF 56.04 Licensee Qualifications: The applicant shall give truthful and sufficient information to enable the licensing agency to verify whether or not he or she meets the requirements for a license. Giving false information or withholding relevant information shall constitute grounds for denial or revocation of the license.

In signing this form, I acknowledge that none of the information requested on these forms has been withheld or falsified. I agree that all information given by my throughout the home study process will be truthful and sufficient. I understand that non-compliance with these statements shall be grounds for denial of the license.

Signature: _____ **Date** _____

Applicant # 2: Name _____

EMPLOYMENT

Occupation: _____

Work Schedule (Including hours and days of week): _____

MILITARY SERVICE

Have you ever been in the military: Yes / No

If yes, which branch: _____

Were you honorably discharged? _____

Date of discharge: _____

PREVIOUS CAREGIVER EXPERIENCE

Have you ever applied for foster home licensing? _____

Have you ever applied for any other license or certification for the care of child(ren)? _____ Adults? _____

FOSTER CARE

Do you have an age/gender preference of child(ren) that you wish to care for? _____

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Signature: _____ **Date** _____