

Date Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Foster \_\_\_\_\_ Respite \_\_\_\_\_**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Maiden Name/Former Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Maiden Name/Former Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 |
|---|-----|------|
| 1. How much time do you spend on the Internet each week?    |     |      |
| 2. How often do you use the Internet?                       |     |      |
| 3. How often do you use the Internet for work or school?    |     |      |
| 4. How often do you use the Internet for entertainment?     |     |      |
| 5. How often do you use the Internet for social networking? |     |      |
| 6. How often do you use the Internet for shopping?          |     |      |
| 7. How often do you use the Internet for banking?           |     |      |
| 8. How often do you use the Internet for health care?       |     |      |
| 9. How often do you use the Internet for education?         |     |      |
| 10. How often do you use the Internet for news?             |     |      |
| 11. How often do you use the Internet for travel?           |     |      |
| 12. How often do you use the Internet for other purposes?   |     |      |

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:

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Date of present marriage (if applicable): \_\_\_\_\_

Applicant #1

Applicant #2

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

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           |              | \$ _____ |
| <b>TOTAL</b>                         |              | \$ _____ |

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

**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<br>(ex: birth, step, adopted) | Relationship to App. #2<br>(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

| <b>APPLICANT #1</b><br>Name | DOB | Date of<br>Death | Relationship | Residence<br>(City, State) | <b>APPLICANT #2</b><br>Name | DOB | Date of<br>Death | Relationship | Residence<br>(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 me 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? \_\_\_\_\_

\_\_\_\_\_

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.

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