



## FOSTER FAMILY APPLICATION

Husband's Name:	Date of Birth: Place of Birth:	Date of Marriage: City, County, & State of Marriage:
Wife's Name:	Date of Birth: Place of Birth:	
Address:	City/Zip Code:	Telephone Numbers Home:
Length of time at this address:	Length of time in this county:	Work: Husband: Wife:
Email Address: Husband: Wife: Other:		Cell/pgr: Husband: Wife:

### **Housing:**

Number of bedrooms: \_\_\_\_\_

Is home fenced:       Yes                       No  
 Home ownership:     Purchasing             Renting  
 Family dwelling type:  Single Family       Duplex             Triplex     Other: \_\_\_\_\_

Have you been previously licensed or certified as foster parents?     Yes     No    Dates: \_\_\_\_\_  
 Have you previously been de-certified or had a license denied or revoked?     Yes     No    Dates: \_\_\_\_\_

Type of License:	Licensing Agency(ies):	License Number:	Agency(ies) Phone Number:
Street Address:	City, State & Zip:	Contact Person:	Reason for denial or revocation:

### **Employment:**

	Husband	Wife
Employer:		
Date of Employment:		
Position:		
Monthly Income (take home):		
Other Income:		

### **Education:**

Highest Grade Completed:		
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**Religion of Home:** \_\_\_\_\_



**Children at home:**

**Children away from home:**

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

**Others in home:**

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

**Previous marriages:**

List all (Moth/Year, check box to indicate Divorce or Death)

**Husband:** 1. \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  Div  Death  
2. \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  Div  Death  
3. \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  Div  Death

**Wife:** 1. \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  Div  Death  
2. \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  Div  Death  
3. \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  Div  Death

**Health Statement:**

List all medical conditions and physical limitations

Husband: \_\_\_\_\_  
Wife: \_\_\_\_\_  
Children: \_\_\_\_\_

Have you or any family member ever had any nervous disorders?

Yes  No Explain: \_\_\_\_\_

Have you ever been arrested or charged for any offense other than minor traffic violations, including any juvenile offenses? (If yes, attach an explanation and include date, place, and disposition.)

Husband:  Yes  No Wife:  Yes  No Children:  Yes  No Name: \_\_\_\_\_

**Please give your reasons for wishing to be foster parents:**



**Number and Ages of Children You Would Like to Request:**

Age Range	Number Male	Number Female
0-2	_____	_____
2-10	_____	_____
10-17	_____	_____

**Type and Number of children:**

\_\_\_\_\_ Non-Ambulatory    \_\_\_\_\_ Ambulatory    \_\_\_\_\_ Special Health Care Needs

**References:**

Provide information of four persons who have known you for at least two years, not relatives or business firms.

Name	Phone Number/Street Address	City/Zip Code	Length & Nature of Acquaintance

The following questions are optional; your answers do not effect our consideration for foster parent certification:

Do you have American Indian Heritage?    Husband:  Yes  No    Wife:  Yes  No

If you marked yes, do you have a roll number?     Yes  No    If yes, enter it here: \_\_\_\_\_

Would you be interested in being certified to care for a special needs child?     Yes  No

**Under penalty of perjury, to the best of my knowledge, all the above information is complete and correct.**

\_\_\_\_\_  
Signature of husband

\_\_\_\_\_  
Signature of wife

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date