



CERTIFIED FOSTER PARENT APPLICATION

Applicant "A" Information	
Personal and Contact Information:	
Name (Last, First, Middle):	
Date of Birth:	Place of Birth (City/State):
Cell Number:	Work Number:
Email Address:	Preferred Method of Contact:
Education:	
What is your highest level of education?	
Employment:	
Employer:	Address (City/State):
Job Title:	Length of Service:
Relationship Status:	
Current Status:	
<input type="checkbox"/> Married <input type="checkbox"/> In A Long Term Relationship <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
**If currently married, please complete the following questions:	
Name of Current Spouse:	
Date of Current Marriage:	Place of Marriage (City/State):
Religion:	
Religious Affiliation:	Place of Worship (if applicable):
Applicant "B" Information (if applicable)	
Personal and Contact Information	
Name (Last, First, Middle):	
Date of Birth:	Place of Birth (City/State):
Cell Number:	Work Number:
Email Address:	Preferred Method of Contact:
Education:	
What is your highest level of education?	
Employment:	
Employer:	Address (City/State):
Job Title:	Length of Service:
Relationship Status:	
Current Status:	
<input type="checkbox"/> Married <input type="checkbox"/> In A Long Term Relationship <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
**If currently married, please complete the following questions:	
Name of Current Spouse:	
Date of Current Marriage:	Place of Marriage(City/State):
Religion:	

Choose an item.

Religious Affiliation:		Place of Worship (if applicable):	
Household information			
Physical Address:			
Mailing Address (if different than above):			
Home Phone Number:		Estimated Household Income (do not include income of dependents in the home):	
Children Information (if applicable) **Please include adult children and anyone living in the home under the age of 18**			
Name	Date of Birth	Grade or Occupation	Does this person reside in the home?
Adult Household Members (if applicable) **Please list adults who live in your home that are not your children**			
Name	Date of Birth	Grade or Occupation	Relationship
Foster Care Placement Preferences			
Sex (check all that apply): <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you open to more than one child?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, if sibling set	
Age (check all that apply):			
<input type="checkbox"/> Infant/Toddler (0-3)		<input type="checkbox"/> Pre-School (3-5)	
<input type="checkbox"/> Grade School (5-11)		<input type="checkbox"/> Pre-Teen (11-13)	
<input type="checkbox"/> Teenager (13-18)		<input type="checkbox"/> Young Adult (18-21)	
Acknowledgements and Signature			
I/We affirm that my/our household has sufficient income to handle routine daily and monthly expenses without the addition of a foster care payment. I/We understand that submission of this application does not obligate the agency to conduct a home study or to place a child in my/our home, nor does it obligate me/us to complete the home study process or accept a placement that may be offered.			

Signature & Date

Signature & Date

*Application Received in agency on _____ by _____.

Choose an item.