



## CERTIFIED FOSTER PARENT APPLICATION

<b>Applicant "A" Information</b>	
<b>Personal and Contact Information:</b>	
Name (Last, First, Middle):	
Gender:	Race/Ethnicity:
Date of Birth:	Place of Birth (City/State):
Cell Number:	Work Number:
Email Address:	Preferred Method of Contact:
<b>Education:</b>	
What is your highest level of education?	
<b>Employment:</b>	
Employer:	Address (City/State):
Job Title:	Length of Service:
<b>Relationship Status:</b>	
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):
<b>Religion:</b>	
Religious Affiliation:	Place of Worship (if applicable):
<b>Applicant "B" Information (if applicable)</b>	
<b>Personal and Contact Information</b>	
Name (Last, First, Middle):	
Gender:	Race/Ethnicity:
Date of Birth:	Place of Birth (City/State):
Cell Number:	Work Number:
Email Address:	Preferred Method of Contact:
<b>Education:</b>	
What is your highest level of education?	
<b>Employment:</b>	
Employer:	Address (City/State):
Job Title:	Length of Service:
<b>Relationship Status:</b>	
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):
<b>Religion:</b>	
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

Have you ever submitted an application to another agency to become a foster parent?

Yes     No

If yes, which agency/agencies?

If yes, were you certified as a foster or adoptive parent?

**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 a sibling set
---	---

Age (check all that apply):

Infant/Toddler (0-3)     Pre-School (3-5)  
 Grade School (5-11)     Pre-Teen (11-13)  
 Teenager (13-18)     Young Adult (18-21)

<b>Acknowledgements and Signature</b>	
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 \_\_\_\_\_.