



## 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:
Are you a U.S. Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, are you a U.S. Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 Employment:
<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 (if applicable):	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:

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you a U.S. Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 Employment:		
<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 (if applicable):	Place of Worship (if applicable):		
<b>Household information</b>			
Physical Address:			
Mailing Address (if different than above):			
Home Phone Number:	Estimated Household Income (do not include income of dependents in the home):		
<b>Children Information (if applicable)</b>			
<b>**Please include adult children and anyone living in the home under the age of 18**</b>			
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
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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 reviewed by agency and family notified of application status on\_\_\_\_\_.