



CERTIFIED FOSTER PARENT APPLICATION

Applicant "A" Information	
Personal and Contact Information:	
Name (Last, First, Middle):	
Gender:	Race/Ethnicity:
Date of Birth:	Place of Birth:
Cell Number:	Work Number:
Email Address:	Preferred Method of Contact:
Employment:	
Employer:	Address (City/State):
Job Title:	Length of Employment:
Current Relationship 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	
Applicant "B" Information	
Personal and Contact Information:	
Name (Last, First, Middle):	
Gender:	Race/Ethnicity:
Date of Birth:	Place of Birth:
Cell Number:	Work Number:
Email Address:	Preferred Method of Contact:
Employment:	
Employer:	Address (City/State):
Job Title:	Length of Employment:
Current Relationship 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	
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):

Household members		
Name	Age	Relationship to You
Previous Foster/Adoptive Experience		
Have you ever applied to another agency to become a foster and/or adoptive parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency/agencies? If yes, were you certified as a foster or adoptive parent?		
Foster Care Placement Preferences		
Gender (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): <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 understand that submission of this application does not obligate the agency to conduct a home study, approve our home or 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 _____.