



DEMOGRAPHIC INFORMATION

This document provides preliminary information to assist us in determining your suitability for foster parenting. All reported information must be truthful and accurate. Please note that it is a crime to falsify public record.

Name: Applicant #1 (Please print):	Date of Birth	Social Security Number
Name: Applicant #2 (Please print):	Date of Birth	Social Security Number
Physical Address	(City)	(County) (State) (Zip)
(mailing address if different)	(City)	(County) (State) (Zip)
Area Code/ Home Telephone Number	Cell Telephone Number	
Email address:	How long have you lived at this address?	

Own <input type="checkbox"/>	Rent <input type="checkbox"/>	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Number of bedrooms _____
Citizenship: _____ USA _____ Other What country _____					

In accordance with the Adam Walsh Act, please list all addresses where you have resided for the last 5 years.

Street	City	County	State	Zip	Dates resided
Street	City	County	State	Zip	Dates resided
Street	City	County	State	Zip	Dates resided

Household Member	Date of Birth	Social Security Number	Sex	Relationship to Applicant
Preliminary application revised 6/28/07				

Please list all Babysitters, Housekeepers, or others that frequent the home

Name	Address	Telephone	Relationship

1. Have you or your spouse ever had a license, of any kind, denied, revoked or suspended?

_____ YES _____ NO

If yes, please explain:

2. Have you ever held, or do you currently hold, a license or registration for the care of children or adults, with any state, county, or private child placing agency?

_____ YES _____ NO

If yes, please identify what type of program the license was for and the name and location of the agency:

3. Is any family member currently under the regular care of a physician, psychiatrist or psychologist for a specific condition? _____

If yes, please explain: _____

4. Have you or anyone who lives in your home, ever been arrested, charged, fined or convicted for violation of any law or, are now under charges for any violation of law?

_____ YES _____ NO

ARREST RECORD: Please provide details below:

Name	Where Arrested	Date Arrested	Nature of Charge	Disposition

Please explain:

Name	Where Arrested	Date Arrested	Nature of Charge	Disposition

Please explain:

Name	Where Arrested	Date Arrested	Nature of Charge	Disposition

Please explain:

Name	Where Arrested	Date Arrested	Nature of Charge	Disposition

Please explain:

5. Is any household family member presently involved in a civil suit or now paying a judgment rendered in a civil action?

_____ YES _____ NO

If yes, please identify where, when and nature of offense:

6. Are you (husband or wife) required to pay child support for any children?

_____ YES _____ NO

Are payments current? _____ YES _____ NO

7. Has any household member had an injunction or restraining order issued against them?

_____ YES _____ NO If Yes, please give details:

8. Has any household member been involved in a domestic dispute where law enforcement has been called, whether or not there has been an arrest?

_____ YES _____ NO If yes, please give details:

HUSBAND'S EDUCATIONAL HISTORY

Name of High School	City, State	Dates Attended	Highest Grade completed	Diploma	GED
Name of College or Vocational School	City, State	Dates Attended	Credit Hours Earned	Course of Study	Degree

WIFE'S EDUCATIONAL HISTORY

Name of High School	Location	Dates Attended	Highest Grade completed	Diploma	GED
Name of College or Vocational School	City, State	Dates Attended	Credit Hours Earned	Course of Study	Degree

HUSBAND EMPLOYMENT HISTORY

List below all present and past employment, in chronological order, of any jobs you have held **during the last five years**. (Use supplemental sheet if necessary)

1. Present Employment		
Address		
City	State	Phone
Dates of Employment:		Position Held:
Supervisor's Name		May we contact them?
Describe job duties		
Reason for Leaving:		

2. Place of Employment		
Address		
City	State	Phone
Dates of Employment:		Position Held:
Supervisor's Name		May we contact them?
Describe job duties:		
Reason for Leaving		

3. Place of Employment		
Address		
City	State	Phone
Dates of Employment:		Position Held:
Supervisor's Name		May we contact them?
Describe job duties:		
Reason for Leaving:		

WIFE EMPLOYMENT HISTORY

List below all present and past employment, in chronological order, of any jobs you have held **during the last five years**. (Use supplemental sheet if necessary)

1. Present Employment		
Address _____		
City _____	State _____	Phone _____
Dates of Employment: _____	Position Held: _____	
Supervisor's Name _____	May we contact them? _____	
Describe job duties: _____		
Reason for Leaving: _____		

2. Place of Employment		
Address _____		
City _____	State _____	Phone _____
Dates of Employment: _____	Position Held: _____	
Supervisor's Name _____	May we contact them? _____	
Describe job duties: _____		
Reason for Leaving: _____		

3. Place of Employment		
Address _____		
City _____	State _____	Phone _____
Dates of Employment: _____	Position Held: _____	
Supervisor's Name _____	May we contact them? _____	
Describe job duties: _____		
Reason for Leaving: _____		

REFERENCES

****For married couples, there must be a total of four (4) personal references. One (1) reference should be from a relative and three must be from non-related individuals who know you both or individually for at least two years.**

****For single applicants, three personal references are required, and one reference should be a relative.**

Applicant 1: _____

1. **Relative's Name:** _____
 Address: _____
- City, State** _____
- Telephone** _____
- Relationship** _____

2. **Name:** _____
- Address:** _____
- City, State** _____
- Telephone** _____

3. **Name:** _____
- Address:** _____
- City, State** _____
- Telephone** _____

4. **Name:** _____
- Address:** _____
- City, State** _____
- Telephone** _____

Applicant 2: _____

1. **Relative's Name:** _____
- Address:** _____
- City, State** _____
- Telephone** _____
- Relationship** _____

2. Name: _____
Address: _____
City, State _____
Telephone _____

3. Name: _____
Address: _____
City, State _____
Telephone _____

4. Name: _____
Address: _____
City, State _____
Telephone _____

NEIGHBOR REFERENCES

In addition, two (2) neighbor references are needed. These are individuals who live in close proximity to your home. You do not need to know them personally. A NEIGHBOR IS SOMEONE WHO CAN SEE YOUR HOUSE FROM THEIRS.

1. Name: _____
Address: _____
City, State _____
Telephone _____

2. Name: _____
Address: _____
City, State _____
Telephone _____

SCHOOL/CHILD CARE REFERENCES

School/Child Care references apply if you have children in your home who attend a child care facility, private or public school, kindergarten through grade twelve.

1. Child's Name: _____
School/ Child Care: _____
Address: _____
Teacher's Name: _____

2. **Child's Name:** _____
School/ Child Care: _____
Address: _____
Teacher's Name: _____
3. **Child's Name:** _____
School/ Child Care: _____
Address: _____
Teacher's Name: _____
4. **Child's Name:** _____
School/ Child Care: _____
Address: _____
Teacher's Name: _____

Adult children living away from home:

Name	Address	City, State, zip	Telephone	Relationship

TRANSPORTATION:

Please list all licensed drivers and their driver license number:

Name: _____ **Driver's license #:** _____ **Expiration:** _____

List all motor vehicles used by the household and the insurance information:

Vehicle Make/Model/Year # of Seats Name of Insurance company and policy number

Vehicle Make/Model/Year # of Seats Name of Insurance company and policy number
RESOURCE AND COST STATEMENT

MONTHLY RESOURCES & INCOME

MONTHLY COSTS

SELF (net monthly)	\$ _____	<u>RENT/MORTGAGE</u>	\$ _____
SPOUSE (net monthly)	\$ _____	<u>Car Insurance</u>	\$ _____
Retirement	\$ _____	<u>Home Insurance</u>	\$ _____
Social Security	\$ _____	<u>Health Insurance</u>	\$ _____
Rental Income	\$ _____	<u>CAR PAYMENTS</u>	
Child support	\$ _____	(1)	\$ _____
Alimony	\$ _____	(2)	\$ _____
AFDC	\$ _____	<u>UTILITIES</u>	
OTHER (specify)	\$ _____	Electricity	\$ _____
(1)	\$ _____	Telephone/cellphone	\$ _____
(2)	\$ _____	Water	\$ _____
Total Monthly Income	\$ _____	Cable	\$ _____
		<u>CHARGE ACCOUNTS</u>	
		(1)	\$ _____
		(2)	\$ _____
		(3)	\$ _____
		<u>Other Loans</u>	
		(1)	\$ _____
		(2)	\$ _____
		<u>MEDICAL EXPENSES</u>	\$ _____
			\$ _____
		<u>CHILD SUPPORT</u>	
			\$ _____
		<u>Food</u>	\$ _____
		<u>Gas</u>	\$ _____
		<u>Clothing</u>	\$ _____
		<u>CHILD CARE</u>	\$ _____
		<u>RECREATION</u>	\$ _____
		<u>Other (specify)</u>	\$ _____
		Total Monthly Expenses	\$ _____
SAVINGS/ASSETS	\$ _____		

Name of Foster Parent Applicant (s)

____/____/____
Date

a.) Why do you want to be a foster/adoptive parent? What is your goal? _____

b.) Have you had any experience with the foster care system? _____

c.) What children would you like us to consider for your family (age, sex, siblings, handicapped, etc.)?

d.) What children would you not like us to consider for your family (age, sex, siblings, handicapped, etc.?)

Important Note: Pursuant to the Multi-ethnic Placement Act of 1994 and the Small Business Job Protection Act of 1996, Section 1808, "Removal of Barriers to Interethnic Adoption", race, culture or ethnicity may not be used as the basis for any denial of placement, nor may such factors be used as a reason to delay a foster or adoptive placement. Discrimination is not tolerated, whether it is directed towards adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may previously have been underutilized as a resource for placing children.

Signature Date

PRINT NAME Date

Signature Date

PRINT NAME Date