



*"Empowering families and children to build a brighter tomorrow"*

**Foster Parent Application**

**Male Applicant**

**Female Applicant**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Active in church: \_\_\_\_\_

Active in church: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Post high school education: \_\_\_\_\_

Post high school education: \_\_\_\_\_

Military Service (Branch, years, type, disch.):  
\_\_\_\_\_

Military Service (Branch, year, type, disch.):  
\_\_\_\_\_

**Address**

Number and Street  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Phone \_\_\_\_\_

**Present Employment**

**Present Employment**

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Salary: \_\_\_\_\_

Salary: \_\_\_\_\_

May we verify?: \_\_\_\_\_

May we verify?: \_\_\_\_\_

**Arrest Record**

Have you ever been arrested?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions:**

Health Problems: \_\_\_\_\_

\_\_\_\_\_

Ambulatory Problems: \_\_\_\_\_

\_\_\_\_\_

Have you ever received mental health services?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a drug or alcohol related problem? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Children Living in Household**

Name

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Arrest Record**

Have you ever been arrested?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions:**

Health Problems: \_\_\_\_\_

\_\_\_\_\_

Ambulatory Problems: \_\_\_\_\_

\_\_\_\_\_

Have you ever received mental health services?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a drug or alcohol related problem? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other Members of Household**

<u>Name/Relationship</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

**Marital History** (Please list dates of all marriages and names of former spouses, dates of divorce/separation, if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Foster Parent Experience**

Agency: \_\_\_\_\_

Time Frame: \_\_\_\_\_

Phone: \_\_\_\_\_

May we inquire? \_\_\_\_\_

Have you ever been rejected as an applicant by a foster care agency? \_\_\_\_ Yes \_\_\_\_ No

If yes, what agency and why? \_\_\_\_\_

**Financial Information**

Total Monthly Income: \_\_\_\_\_

**Amount**

**Source**

_____	_____
_____	_____
_____	_____

**Approximate Monthly Expenses**

Food: \_\_\_\_\_

Electricity: \_\_\_\_\_

Heating: \_\_\_\_\_

Water/Sewer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cable: \_\_\_\_\_

Rent/Mortgage: \_\_\_\_\_

Taxes: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Auto Loans/Leases \_\_\_\_\_

Other Loans: \_\_\_\_\_

Auto Insurance: \_\_\_\_\_

Miscellaneous Expenses: \_\_\_\_\_

**References**

List three people (not relatives) who have known you for at least two years.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**I verify by my signature that the information provided on this form is accurate.  
Falsification of information on this form will disqualify me as a potential foster parent.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Can I Be A Foster Parent?**

The following are minimal requirements needed to become a foster parent:

1. Applicant's should be in good health and free of communicable disease.
2. At least one foster parent must have a valid driver's license and a fully insured car.
3. The home must meet all safety standards.
4. Applicant's must have tolerance to change and the ability to assist children in adjusting to their home.
5. Applicant must be able to tolerate changes in their own families schedules, routines, and interactions due to the foster child bringing a new set of dynamics into the home.
6. Applicant's must be able to tolerate any number of behavioral problems.
7. Applicant's must have flexibility in their schedules to accommodate additional children and responsibilities.
8. Ability to set limits, be consistent, and adjust parenting style to meet the child's individual needs.
9. Ability to provide appropriate adult supervision for the child in your absence.
10. Willingness to follow guidelines and policies you may not always agree with.
11. Flexibility in schedule to allow you to take the child to medical appointments, social/recreational activities, and for foster parents to attend various trainings.
12. Willingness to attend monthly Life Skills trainings.
13. Willingness to attend monthly foster care meetings.