# Foster Family Application

Please include 2 or 3 snapshots of your family and the front of your home & photographs of all major rooms. Date of Application_____

## A. IDENTIFYING DATA

| Applicant #1 | Applicant #2 |
|---|---|
| Last Name: | Last Name: |
| First Name: | First Name: |
| Maiden Name (if applicable): | Maiden Name (if applicable): |
| Mailing Address:<br>Physical Address (if applicable):<br>City:<br>State:<br>Zip Code:<br>County: | Mailing Address:<br>Physical Address (if applicable):<br>City:<br>State:<br>Zip Code:<br>County: |
| Home Phone:<br>Business Phone:<br>Cell Phone:<br>Email Address: | Home Phone:<br>Business Phone:<br>Cell Phone:<br>Email Address: |
| Years Married (if applicable):<br>Previously Married/Divorced? | Years Married (if applicable):<br>Previously Married/Divorced? |

## B. PERSONAL DATA

| Applicant 1 Name<br>_____ | | Applicant 2 Name<br>_____ |
|---|---|---|
| | Height/Weight | |
| | Hair/Eye Color | |
| | Birthdate/Birthplace | |
| | Ethnic Background | |
| | Indian Tribe (*if applicable)* | |
| | Military Experience | |
| | Occupation | |
| | Social Security Number | |
| | Citizenship/Legal Alien Status | |

| | | |
|---|---|---|
| | | |

Have either of you ever been convicted of or received deferred adjudication for a crime other than a minor traffic ticket, to include crimes against the person, crimes against the family, and/or public indecency to a child? If yes, explain:

Have either of you ever had a finding of Reason to Believe for any type of abuse of a child that meets a preponderance of the evidence standard? If yes, explain:

## C. MARITAL HISTORY

1. Date of your present marriage. _____

2. Name of city and county where married. _____

3. Have you ever been separated? When. _____

4. Previous marriages (if any): _____

| **Applicant 1** | | **Applicant 2** |
|---|---|---|
| | Name of Former Spouse | |
| | Length of Marriage | |
| | Why Marriage Ended | |

## D. CHILDREN IN HOUSEHOLD

| **Name** | **Date of Birth** | **Sex** | **Race** | **Biological/Adoptive** ***(if adopted, date of adoption)*** |
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## E. CHILDREN LIVING OUTSIDE OF YOUR HOME (ALL AGES)

| Name | Date of Birth | Biological/Adopted | Address/Phone # |
|---|---|---|---|
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Are there any others living in your household, either full or part time, that have not been listed? □Yes □ No If so, please give their name, how long they have been living there, and how long you expect them to remain.

| Name | How Long | Will Remain Until |
|---|---|---|
| | | |
| | | |

## F. EDUCATION

| Applicant 1 | | Applicant 2 |
|---|---|---|
| | Number of School Years | |
| | Certificates/Diplomas/ Degrees/Licensures | |
| | Area of Study | |
| | Where Studied | |

| | | |
|---|---|---|
| | Date Graduated | |

| **G. EMPLOYMENT** |
|---|

| **Applicant 1** | | **Applicant 2** |
|---|---|---|
| | Employer | |
| | Address | |
| | When Employed | |
| | Annual Salary | |
| | | |



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|---|---|---|
| | Previous Job (*if under 3 years)* | |

| **H. RELIGIOUS/SOCIAL** |
|---|

| **Applicant 1** | | **Applicant 2** |
|---|---|---|
| | Church Membership | |
| | Address | |
| | Pastor | |
| | If Lutheran, which Synod | |
| | Social/Community Groups | |
| | Hobbies and Interests | |

| **I. HOUSING** |
|---|

□ Own □ House No. of Rooms_____Yard: □ Small □ Large

□ Rent □ Apt. Bedrooms:_____ □ Medium □ Fenced
□ Other □ Mobile Bathrooms:_____Pool: □ Yes □ No 1. Describe

Neighborhood:_____ 2. Schools

in Area: Elementary:_____ Jr.

High:_____ Sr. High:_____ 3. Nearest

Hospital:_____ 4. Will child

share room? □ Yes □ No With whom?_____ 5. Do you have

transportation at all times? □ Yes □ No

6. Would you allow inspections by Fire and Health authorities? □ Yes □ No

7. **Floor Plan of House.** Pleas attach a sketch and give dimensions, use of rooms and who sleeps where.

8. Directions to home:



## J. Family Background

| Applicant 1 | | Applicant 2 |
|---|---|---|
| | Name of Your Father | |
| | Address | |
| | Name of Your Mother | |
| | Address | |

Please complete the following information on each of your siblings:

| Applicant 1 Siblings | Relationship | City of Residence | Marital Status | No. of Children | Occupation |
|---|---|---|---|---|---|
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| **Applicant 2 Siblings** | **Relationship** | **City of Residence** | **Marital Status** | **No. of Children** | **Occupation** |
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Please list names, addresses and telephone numbers of two (2) relatives who will always know how to get in touch with you.

| NAME | ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| | | |
| | | |
| | | |



## K. REFERENCES

**Please list the names, addresses and telephones numbers of four (4) references (other than relatives):**

1. _____
*Name Address Phone Number*

Email: _____

2. _____
*Name Address Phone Number*

Email: _____

3. _____
*Name Address Phone Number*

Email: _____

4. _____
*Name Address Phone Number*

Email: _____

## L. RANGE PREFERENCE *

1. Age: □ 0-1 □ 1-6 □ 6-13 □ 13-18

2. MEDICAL/BEHAVIORAL:

□ Medical Needs-Minor □ Mental Retardation

□ Mild Behavioral Problems □ Moderate Behavioral Problems □ Severe Behavioral Problems 3. SEX: □ Female □ Male □ Both

***Foster parents must be open to children of any racial or ethnic background.***

## M. ADDITIONAL INFORMATION

1. Have you been treated for any serious or chronic physical (including infertility) or emotional problems? □ Yes □ No (If yes, please explain-include date(s) of therapy or treatment)

2. Have you been foster or adoptive parents before? If so, when, where and for whom?



3. Have you ever had a home screening/study conducted? If so, when, for what purpose (foster care or adoption)? Was the home screening/study approved?

4. Why do you wish to be a foster parent?

5. Do you speak any foreign languages? Which?

_____ _____

*Signature of Applicant 1 Signature of Applicant 2*

_____ _____

*Date Signed Date Signed*

***For office use only:***

***Application Reviewed By: Date Reviewed:***