



FOSTER PARENT APPLICATION INTAKE

Parent 1 _____

Address _____ City _____ Zip code: _____

Phone (H) _____ (W) _____ e-mail _____

Date of Birth _____ Social Security # _____

Place of Birth _____ Religious Affiliation _____

Race _____ American Citizen? _____ Military Status _____

Present Marital Status: _____ Married _____ Single _____ Widow _____ Divorced

Last completed grade in high school _____ Name any additional education _____

Occupation _____ Employer _____

Title/Position _____

Parent 2 _____

Address _____ City _____ County _____

Phone (H) _____ (W) _____ e-mail _____

Date of Birth _____ Social Security # _____

Place of Birth _____ Religious Affiliation _____

Race _____ American Citizen? _____ Military Status _____

Present Marital Status: _____ Married _____ Single _____ Widow _____ Divorced

Last completed grade in high school _____ Name any additional education _____

Occupation _____ Employer _____

Title/Position _____

Gross Monthly Family Income _____

Give directions to your home from the agency

Type of Home (house/apartment/duplex) _____

Children and other adults residing in the home

Full Name	Sex	Date of Birth	School/Grade/Occupation	Relationship to Applicant

Children living away from home

Full Name	Sex	Date of Birth	School/Grade/Occupation	Relationship to Applicant

1. Why do you want to become a foster family?
2. Have you fostered prior to this application?
3. If yes, for whom and how long did you foster?
4. Why aren't you currently fostering with this agency?
5. Have you ever cared for a special needs child?
6. If yes, what type of special needs?
7. Have you had any other experience with children?
8. Describe the type of children you and your household **prefer**

Number of children	
Race	
Gender	
Intelligence Level	
Children up for Adoption	
Sibling Groups (what size)	

9. Willingness to accept children with:

Verbal Aggression	Yes	No
Physical Aggression	Yes	No
Destructive/disruptive behavior	Yes	No
Runaway	Yes	No
Sexually acting out behavior	Yes	No
Alleged/reported sexual abuse perpetrator	Yes	No
Mental Health diagnosis	Yes	No
Intellectual disability diagnosis	Yes	No
Special medical needs	Yes	No

Pregnant/parenting teen	Yes	No
Transgender or gender non-conforming	Yes	No
Gay, lesbian or bisexual youth	Yes	No

10. How many rooms are in the home?

11. How many beds in each available room?

12. Is your sanitary and water supply system part of a municipal or private system?

13. Please provide the names and addresses of three persons not related to you whom the agency may contact for personal references.

Name	Address with zip code	Phone

Signature Prospective Foster Parent

Date

Signature Prospective Foster Parent

Date