



# Foster Care Provider Application

Date: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**Applicant:** Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_

**Co-Applicant:** Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_

## Marital Status:

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of marriage \_\_\_\_\_

Date of Separation/Divorce: \_\_\_\_\_

## Residence:

Address: \_\_\_\_\_  
Street City State Zip

County: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Applicant Co-Applicant

Email Address: \_\_\_\_\_  
Applicant Co-Applicant

**Residences for past 5 years:** (indicate owned or rented; include separate page if needed)

| Address | Dates |
|---------|-------|
| _____   | _____ |
| _____   | _____ |
| _____   | _____ |
| _____   | _____ |

**Children:**

| Name  | Gender | SS#   | Birthdate | Living with you? |
|-------|--------|-------|-----------|------------------|
| _____ | _____  | _____ | _____     | _____            |
| _____ | _____  | _____ | _____     | _____            |
| _____ | _____  | _____ | _____     | _____            |

**Others living in the home:** (attach separate sheet if needed)

| Name  | Gender | Birthdate | Relationship |
|-------|--------|-----------|--------------|
| _____ | _____  | _____     | _____        |
| _____ | _____  | _____     | _____        |

**Education:** (please list any education you have received including high school, college, parenting classes, etc. with names of schools and dates attended)

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

**Employment:** (please list all current and past employment for last 5 years)

| Employer | Position | Dates of Employment | Reason for Leaving |
|----------|----------|---------------------|--------------------|
| _____    | _____    | _____               | _____              |
| _____    | _____    | _____               | _____              |
| _____    | _____    | _____               | _____              |
| _____    | _____    | _____               | _____              |

**Previous Foster Care Experience:**

Have you ever applied for a foster home license or been licensed as a foster home? If yes, please describe the circumstance and your experiences.

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Have you ever been denied licensing or had your license revoked as a foster parent? Please describe.

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Do you have any past, current, or pending legal or criminal convictions or charges? Please give a summary of the charges.

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**Personal Information:**

Religion and/or church involvement: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Automobile Insurance Company: \_\_\_\_\_

Home Owner's or Renter's Insurance Company: \_\_\_\_\_

**Transportation:**

| Make  | Model | Year  | License # |
|-------|-------|-------|-----------|
| _____ | _____ | _____ | _____     |
| _____ | _____ | _____ | _____     |
| _____ | _____ | _____ | _____     |

**References:**

Please provide 3 personal references who are not related to you that would be willing to answer a questionnaire regarding your parenting abilities, etc.

1. \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address Relationship and # of years known

2. \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address Relationship and # of years known

3. \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address Relationship and # of years known

**I certify that the above information is true and accurate. I have been informed that any misrepresentation or falsifying of information on this application can be grounds for denial of licensure.**

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date