

Applicant 1:

Name: _____ DOB: ____ / ____ / ____

Drivers License Number: _____ Social Security Number: _____

Address: _____ Years at this address: ____

_____ Own: ____ Rent: ____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E Mail

Address: _____

Applicant 2:

Name: _____ DOB: ____ / ____ / ____

Drivers License Number: _____ Social Security Number: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E Mail

Address: _____

Marital Status:

Single? _____ Married: _____ Years Divorced: _____ Years Widowed: _____ Years

Date of Marriage (if applicable): _____ / _____ / _____ Place of Marriage (city and state): _____

List any former marriages. Include *names of former spouses, marriage date and place, divorce date and place, and reason for marriage ending.*

Applicant 1:

Applicant 2:

Applicant 1:

Are you a U.S. Citizen? Yes / No If No, are you a permanent Resident? Yes / No

Alien #: _____ Exp: _____

Please explain why you are not a permanent Resident:

Applicant 2:

Are you a U.S. Citizen? Yes / No If No, are you a permanent Resident? Yes / No

Alien #: _____ Exp: _____

Please explain why you are not a permanent Resident:

Who will care for the child (ren) in your absence or in an emergency?

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>	<i>Years Known</i>

Applicant 2:

EMPLOYMENT:

Company Name: _____ Job Title: _____

Address: _____ Phone: _____

Supervisor: _____ Type of Work: _____ Years at job: _____

If less than 3 years at current job, list previous employment

Company Name: _____ Job Title: _____

Address: _____ Phone: _____

Supervisor: _____ Years at job: _____ Reason left: _____

Company Name: _____ Job Title: _____

Address: _____ Phone: _____

Supervisor: _____ Years at job _____ Reason left: _____

If you work outside your home, what is your normal work schedule?

Monday	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
From :	From :	From :	From :	From :	From :	From :
To :	To :	To :	To: :	To: :	To: :	To: :

SCHOOLS (Which schools are in the area where you live?)

	<i>Name of School</i>	<i>Address</i>	<i>Telephone</i>
Elementary			
Middle (or Junior High)			
High School			

FAMILY PHYSICIAN:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>

MEMBERS OF YOUR HOUSEHOLD: (List all people living with you, but do not include Applicant 1 or Applicant 2)

Name	<i>DOB</i>	<i>Age</i>	SSN	<i>Relationship</i>	<i>Bedroom Occupied*</i>

*Bedroom Occupied (Example: Joey- Bedroom #1; Bobby- Bedroom #1; Susan – Bedroom #2; Sammy- Bedroom #3)

HAS ANY OF THE ABOVE HOUSEHOLD BEEN ARRESTED? Y / N If yes please explain on additional paper

Date of Offense	<i>Location of Offense</i>	<i>Nature of Offense</i>	<i>Disposition</i>

Applicant 1 HAVE YOU EVER BEEN ARRESTED? Yes / No If Yes, Please explain on additional paper

<i>Date of Offense</i>	<i>Location of Offense</i>	<i>Nature of Offense</i>	<i>Disposition</i>

Applicant 2 HAVE YOU EVER BEEN ARRESTED? Yes / No If Yes, Please explain on additional paper

<i>Date of Offense</i>	<i>Location of Offense</i>	<i>Nature of Offense</i>	<i>Disposition</i>

Of Bedrooms in Household:

Do you have a Jacuzzi? Y/N	Is it Fenced or Covered? Y/N
Do you have a Pool? Y/N	Is it Fenced or Covered? Y/N

A car must be available at all times.

Applicant 1 Do you own a car? Yes / No

Year

Year: _____ Make: _____ Model: _____ : _____ Make: _____ Model: _____

Has your Driver's License ever been suspended or revoked?

Yes / No

If Yes, please explain: _____

A car must be available at all times.

Applicant 2 Do you own a car? Yes / No

Year

Year: _____ Make: _____ Model: _____ : _____ Make: _____ Model: _____

Has your Driver's License ever been suspended or revoked?

Yes / No

If Yes, please explain: _____

Applicant 1:

ARE YOU ON ANY PERSCRIPTION MEDICATION?

Yes / No

If Yes, please list below:

Name of Drug/Medication	Dosage	Reason for Use	How Long on Medication

HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS?

Y / N

If yes, please explain:

(Use additional paper if needed) _____

Applicant 2:

ARE YOU ON ANY PERSCRIPTION MEDICATION?

Yes / No

If Yes, please list below:

Name of Drug/Medication	Dosage	Reason for Use	How Long on Medication

HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS?

Y / N

If yes, please explain:

(Use additional paper if needed) _____

DO YOU HAVE ANY MEDICAL OR PHYSICAL REASON THAT MIGHT INTERFERE WITH YOUR ABILITY TO BE A FOSTER PARENT? Please Explain:

Applicant 1:

Applicant 2:

PLEASE USE NET AMMOUNTS (AFTER TAXES AND DEDUCTIONS)	
MONTHLY INCOME:	AMOUNT
PRIMARY FOSTER PARENT	
Salary	\$
Unemployment/Social Security	\$
Disability/Retirement	\$
Child Support	\$
Alimony	\$
Other Sources of income (please specify)	\$
SUBTOTAL	\$
SECONDARY FOSTER PARENT	
Salary	\$
Unemployment/ Social Security	\$
Disability/Retirement	\$
Child Support	\$
Alimony	\$
Other Sources of income (please specify)	\$
SUBTOTAL	\$
OTHER INCOME (Rentals, Dividends, Loans)	\$
	\$
TOTAL INCOME	\$
MONTHLY EXPENSES:	
Mortgage, Rent	\$
Utilities (Water, Gas, Electricity)	\$
Car Expenses (Payment, Insurance, Gasoline)	\$
Food & Household Supplies	\$
Clothing	\$
Telephone (include cell phones & pagers)	\$
Credit Cards: 1.	\$
2.	\$
3.	\$
Insurance- Medical & Life	\$
Medical & Dental Payments	\$
Child Care and Tuition	\$
Child Support/ Alimony	\$
Entertainment (Movies, Dinner out, etc)	\$
Cable Television	\$
Transportation (Bus, Metro link, etc)	\$
Gardener / Maid Service	\$
Loan Payments (Personal, Student, etc)	\$
Other Expenses (please specify)	\$
	\$
	\$
	\$
Total	\$
TOTAL EXPENSES	\$

Applicant 1:

Do you have a savings account?	Y / N
Do you have life insurance?	Y / N
Are you under financial stress due to a lawsuit or creditors?	Y / N
Have you ever declared bankruptcy?	Y / N
Are you in the process of declaring bankruptcy?	Y / N
Have you any judgments against you?	Y / N
Do you have a retirement fund?	Y / N

Applicant 2:

Do you have a savings account?	Y / N
Do you have life insurance?	Y / N
Are you under financial stress due to a lawsuit or creditors?	Y / N
Have you ever declared bankruptcy?	Y / N
Are you in the process of declaring bankruptcy?	Y / N
Have you any judgments against you?	Y / N
Do you have a retirement fund?	Y / N

***Important!!** Your first reimbursement check may not come for over six weeks. Will you be able to provide for the foster child during this period?
Yes / No. PLEASE EXPLAIN:*

* * *

NOTICE: We reserve the right to request a written credit report.