FOSTER CARE/ADOPTION APPLICATION 

All Information Is Strictly Confidential

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| Applicant’s Name- Last First M.I. | Work Telephone |
| Applicant’s Name-First First M.I. | Cell Telephone |
| Home Address- No. & Street, P.O. Box/R.R. | Home Telephone |
| Mailing Address- if different from above |  |
| Directions for Finding Home  |

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|  | 1. APPLICANT
 | 1. APPLICANT
 |
| BIRTH | Place | Date | Place | Date  |
| Countries Ancestors Came From |  |  |
| Primary Language spoken in home |  |  |
| Other Language spoken in Home |  |  |
| Religion (if applicable) |  |  |
| PHYSICAL DESCRIPTION | Sex | Height | Weight | sex | Height | Weight |
| Hair Color | Eye Color | Skin Color | Hair Color  | Eye Color | Skin Color |
| Education-Last Grade/Degree Completed | Grammar | High School  | College | Grammar | High School  | College  |
| Military Service | Branch  | Length of Service | Type of Discharge | Branch  | Length of Services  | Type of Discharge  |
| EMPLOYMENT(List your employment history for the last 3 years. Include addresses and telephone numbers of previous employers)  | Occupation  | Occupation  |
| Employer | Employer |
| How long employed on this job? | Gross Monetary Salary  | How long employed on this job? | Gross Monetary Salary  |
| Last Previous Job and How Long Employed? | Last Previous Job and How long Employed? |
| Previous Job and How Long Employed? | Previous Job and How Long Employed? |
| OTHER INCOME | Source  | Amount | Source  | Amount |
| SOCIAL SECURITY NUMBER | Social Security Number  | Social Security Number |

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| SAVINGS | DEBTS | INSURANCE COVERAGE (Insurance Company Name) |
| $ | Total Owed$ | Monthly Payments$ | Life$ | Auto $ | Hospital $ |
| Other Assets$ | Other Insurance$ |
| HOME INFORMATION  |
|  House Apartment Trailer Number of Bedrooms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Rent – Amount per month: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Owned - Amount per Month : $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Previous Addresses – Last Five (5) Years | Dates – (From – To) |
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| How long have you lived at your current address? \_\_\_\_\_\_\_ years and \_\_\_\_\_\_\_months.  |

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| MARRIAGE HISTORY |
| PRESENT MARRIAGE OR COMMON-LAW | Place – City, Town, Village, District | Date of Marriage |
| PREVIUOS MARRIAGE TO INCLUDE COMMON-LAW | 1. APPLICANT
 | 1. APPLICANT
 |
| To Whom? |  |  |
| Date and Place? |  |  |
| Date and Place of Divorce? |  |  |
| Date of Spouse’s Death  |  |  |
| PREVIOUS MARRIAGES? |  |  |
| To Whom? |  |  |
| Date and Place? |  |  |
| Date and Place of Divorce? |  |  |
| Date of Spouse’s Death  |  |  |
| If more than two (2) marriages, please list on separate sheet of paper.  |

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| 1. APPLICANT’S FAMILY
 |
| PARENTS | NAME | MAILING ADDRESS | AGE | HEALTH  | OCCUPATION |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| B SR IO ST TH EE RR SS  |  |  |  |  |  |
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| 1. APPLICANT’S FAMILY
 |
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| Father |  |  |  |  |
| Mother |  |  |  |  |
| B SR IO ST TH EE RR SS  |  |  |  |  |  |
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| NAME(S) OF CHILD(REN) IN THE HOME |  BIRTHDATE | OCCUPATION OR SCHOOL GRADE | BIRTH OR ADOPTRD? |
| MO | DY | YR |
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| CHILDREN – OUT of the Home | WHEREABOUTS | MO | DY | YR | OCCUPATION OR SCHOOL GRADE | BIRTH OR ADOPTRD? |
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| OTHERS – In the HOME – ADULTS and CHILDREN | RELATIONSHIP | MO | DY | YR | OCCUPATION OR SCHOOL GRADE |
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| HAVE YOU EVER BEEN: | 1. APPLICANT
 | 1. APPLICANT
 |
| Arrested as a Juvenile? |   Yes No |   Yes No |
| Arrested as an adult? |   Yes No |   Yes No |
| Received Psychological/Psychiatric Treatment? |   Yes No |   |
| Previously Studied for Foster Care or Adoption? |   Yes No |   Yes No |
| If there is a YES answer to any of the above four questions, please explain circumstances.(Please attach separate sheet if needed.) |

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| REFERENCES |
| REFERENCE | NAME | MAILING ADDRESS | TELEPHONE NUMBER |
| 1. Applicant’s

Relative |  |  |  |
| 1. Applicant’s

Employer |  |  |  |
| 1. Applicant’s

Relative |  |  |  |
| 1. Applicant’s

Employer |  |  |  |
| Other Three Persons Not Related to You Who Know You Well 1)- (Applicant) |  |  |  |
|  |  |  |
|  |  |  |
| Other Three Persons Not Related to You Who Know You Well 2)- (Applicant) |  |  |  |
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