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 | | | | | |
| P  A  R  E  N  T  S | NAME | MAILING ADDRESS | AGE | HEALTH | OCCUPATION |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| B S  R I  O S  T T  H E  E R  R S  S |  |  |  |  |  |
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| 1. APPLICANT’S FAMILY | | | | | |
| P  A  R  E  N  T  S | NAME | MAILING ADDRESS | AGE | HEALTH | OCCUPATION |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| B S  R I  O S  T T  H E  E R  R S  S |  |  |  |  |  |
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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) |  |  |  |
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| Other Three Persons Not Related to You Who Know You Well 2)- (Applicant) |  |  |  |
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