FORM 12

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
LICENSING REGULATION ADMINISTRATION

APPLICATION TO THE DIRECTOR OF THE D.C. DEPARTMENT OF HEALTH TO ESTABLISH, OPERATE AND MAINTAIN A FOSTER FAMILY HOME FOR CHILDREN

DATE_____

I UNDERSTAND THAT I MUST GIVE COMPLETE AND CORRECT INFORMATION

PLEASE PRINT!! S.S # _____ - _____ - _____

1. Name _____
   first middle maiden last
2. Address _____
   Number street quad apt# if applicable
   Washington, DC _____ Ward _____
3. Phone Number: (home) 202_____ (work)_____
4. I have lived at this address ____ years. I have lived in Washington _____ years.
5. Marital Status _____ Age_____
6. Living in the home:
   Children under 6 _____ 6 – 15 _____ 16 & over _____ Total individuals _____
7. I live in a house _____ apartment _____
   number of rooms _____ number of bedrooms _____
8. I am applying for a license to operate a foster family home for _____ children between the ages of _____ and _____ years
9. Give three (3) references (not relatives) who have known the person in charge at least three years:

   Name Address Telephone #

   A. _____

   B. _____

   C. _____

10. Experience in caring for children (briefly describe):

    _____

11. I have been given the requirement applicable to foster homes by the case worker and I understand that:
    a. The license, when granted, will be valid for one year; I must reapply before the year is over to have it renewed.
    b. The care I will provide to the children shall at all times, protect their health, welfare and safety.
    c. All health regulations for adults and children shall be met.
    d. I shall keep a register showing the children's names, ages, dates accepted, discharged and the reasons for discharge; also the parents' and guardian's names and addresses, if appropriate.
    e. The Director of the Department of Health or his designated representative shall have the right to inspect the above mentioned home and the register kept during the hours of operation.
    f. If at any time there is evidence that the health, welfare or safety of the children is threatened the Director of the Department of Health shall after the hearing order this license revoked.

12. Signature (include maiden name, if applicable)

Name Date

If spouse of applicant is living in the home, his/her approval is required.

I approve of my spouse's application for a license to operate a foster family home.

Name Date

Return to: The Department of Health Licensing Regulation Administration, Human Services Facility Division, 825 North Capitol Street, NE Second Floor Washington, DC 20002 (202) 442 - 5929