# FOUNDATIONS FOR HOME AND COMMUNITY
# APPLICATION FOR FOSTER PARENTING

## I. IDENTIFYING INFORMATION

### Applicant 1

| Last Name | First Name | Middle Name | Date of Birth | Gender | Social Security Number |
|---|---|---|---|---|---|
| | | | | | |

| Maiden Name | Previous Names | Religion |
|---|---|---|
| | | |

| Driver License No. | Ethnicity | Level of Education | Marital Status: ☐ Divorced ☐ Separated – Notarized Statement ☐ Married ☐ Never Married ☐ Widowed |
|---|---|---|---|
| | | | |

| Occupation | Employer's Address | Employer's Name | Sources of Income: ☐ Unemployment ☐ Earnings ☐ Military ☐ Public Assistance ☐ Social Security ☐ Support Payments ☐ Multiple Sources ☐ SSI ☐ Other Income |
|---|---|---|---|
| | | | |

| Work Telephone ( ) | Cell Telephone Number ( ) | Annual Income $ |
|---|---|---|
| | | |

### Applicant 2

| Last Name | First Name | Middle Name | Date of Birth | Gender | Social Security Number |
|---|---|---|---|---|---|
| | | | | | |

| Maiden Name | Previous Names | Religion |
|---|---|---|
| | | |

| Driver License No. | Ethnicity | Level of Education | Marital Status: ☐ Divorced ☐ Separated – Notarized Statement ☐ Married ☐ Never Married ☐ Widowed |
|---|---|---|---|
| | | | |

| Occupation | Employer's Address | Employer's Name | Sources of Income: ☐ Unemployment ☐ Earnings ☐ Military ☐ Public Assistance ☐ Social Security ☐ Support Payments ☐ Multiple Sources ☐ SSI ☐ Other Income |
|---|---|---|---|
| | | | |

| Work Telephone ( ) | Cell Telephone Number ( ) | Annual Income $ |
|---|---|---|
| | | |

### Both Applicants'

| Home Address | City | County | Zip Code | Home Telephone Number **A WORKING HOME TELEPHONE NUMBER IS MANDATORY.** ( ) |
|---|---|---|---|---|
| | | | | |

| Mailing Address | City | County | Zip Code |
|---|---|---|---|
| | | | |

| Date of Current Marriage | Place of Marriage (City & State) | County |
|---|---|---|
| | | |

| Applicant 1's Cell Number ( ) | Applicant 2's Cell Number ( ) | Applicant 1's & Applicant 2's Email |
|---|---|---|
| | | |

| Former Marriages | Names of Former Spouses | Marriage Date & Place | Divorce Date & Place | Death Date & Place |
|---|---|---|---|---|
| Applicant 1 | | | | |
| | | | | |
| Applicant 2 | | | | |
| | | | | |

## II. PREVIOUS FOSTER PARENTING HISTORY

I. Have you ever been a foster parent prior to making application with Foundations for Home & Community?
Applicant 1 ☐ No ☐ Yes Applicant 2 ☐ No ☐ Yes

II. Name of the previous agency and length of time with that agency.

Applicant 1_____ Applicant 2_____

Applicant 1_____ Applicant 2_____

Applicant 1_____ Applicant 2_____

Applicant 1_____ Applicant 2_____

## III. CRIMINAL HISTORY

A. Have you ever been arrested for an offense other than a minor traffic infraction?
Applicant 1 ☐ No ☐ Yes Applicant 2 ☐ No ☐ Yes

B. Have you ever been reported to Children's Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?
Applicant 1 ☐ No ☐ Yes Applicant 2 ☐ No ☐ Yes

## IV. PARENT/CHILD RELATIONSHIPS

**Applicant's Minor Children**

| Full Name | Date of Birth | Gender | Relationship (Indicate if adopted) | Lives in Home | Whereabouts |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Applicant's Adult Children**

| Full Name | Date of Birth | Gender | Relationship (Indicate if adopted) | Lives in Home | Whereabouts |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## V. OTHERS IN THE HOME

| Names of Adults in the Home | Date of Birth | Relationship to Applicants |
|---|---|---|
| | | |
| | | |

**Do you have any pets in the home? ❑ No ❑ Yes What kind? _____ How many? ___**

## VI. REFERENCES

Please list the names and addresses of three individuals, at least two must be unrelated to you, who have knowledge of your home environment, lifestyle and capability to be a foster parent. One reference must be local in order for a face-to-face interview to occur.

| Name | Telephone No. | Mailing Address |
|---|---|---|
| | | |
| | | |
| | | |

**Who referred you to our agency?** _____

## VII. CHILD DESIRED

A. Please describe the characteristics such as age and gender.

_____

B. Would you accept a sibling group? If so, how many?

❑ No Yes ❑ How many?_____

C. Would you be interested in fostering a teen parent or a pregnant teen?

❑ No Yes ❑

D. Would you be opposed to fostering a gay/lesbian/bisexual/transgender teen?

❑ No Yes ❑

E. If you already have identified a child or children for that you would like to foster, please provide the following information:

| Full Name of Child | Date of Birth | Ward of DC or Maryland | Name of Child's Worker | Telephone Number | Relationship To Child |
|---|---|---|---|---|---|
| | | | | | |

F. Is the child or children already placed in your home? ☐ No ☐ Yes, how long _____

## VIII. FINANCIAL INFORMATION

| **ASSETS** | **VALUE** |
|---|---|
| Real Estate: Home | $ |
| Real Estate: Other | $ |
| Vehicles | $ |
| Savings: e.g. IRA | $ |
| Investments: e.g. Stocks/Mutual Funds | $ |
| Bank Accounts | $ |
| Other Assets (specify) | $ |
| **TOTAL ASSESSTS** | $ |
| **LIABILITIES** | **TOTAL AMOUNT OWED** |
| Mortgage | $ |
| Bank Loans: e.g. Car Payment | $ |
| Personal Loans | $ |
| Credit Cards | $ |
| Other Debts / Liabilities | $ |
| **TOTAL LIABILITIES** | $ |
| **LIST CURRENT MONTHLY INCOME FROM ALL SOURCES** | **GROSS AMOUNT/MONTHLY** |
| Employment Earnings | $ |
| Unemployment Benefits (Time Frames: _____ ) Beginning Date / Ending Date | $ |
| Retirement Benefits | $ |
| Social Security / SSI | $ |
| Support Payments | $ |
| Other: (List – _____ ) | $ |
| **TOTAL INCOME** | $ |

| MONTHLY EXPENSES | AMOUNT SPENT |
|---|---|
| Mortgage/Rent | $ |
| Food: home, restaurants | $ |
| Clothing | $ |
| Household Bills: e.g. heat / electricity / telephone / insurance | $ |
| Transportation: e.g. car / bus / taxi | $ |
| Membership Fees: e.g. sports / fitness / other activities | $ |
| Loan Payments: e.g. bank / personal / credit cards | $ |
| Other Expenses: (specify) e.g. charitable giving | $ |
| **TOTAL EXPENSES** | $ |

## IX. INSURANCE INFORMAITON

| Homeowner's / Renter's insurance policy | |
|---|---|
| I / We have ☐ | I / We will obtain ☐ |
| Mandated minimum auto insurance coverage per vehicle | |
| I / We have ☐ | I / We will obtain ☐ |

I/We affirm that the information provided on this form is true and correct to the best of my/our knowledge.

In signing this application I/We understand that the completion of routine forms will be required of my/our references, physician, and employer and that my/our financial and marital status will be verified and a criminal background check will be conducted.

| Signature of Applicant 1 | Date |
|---|---|
| Signature of Applicant 2 | Date |