

e. _____
Driver's License Number

Auto Insurance Company Name & Policy Number

f. _____
Occupation *Place of Employment*

Email: _____

How long have you been employed by your current employer: _____

Please provide your monthly & annual income: _____

If unemployed, list your source(s) of income: _____

g. List your siblings, their ages, and where they reside:

h. _____
Name of High School

Did you graduate? _____/_____
Yes No

Secondary Education and Major

Did you receive a degree? _____/_____
Yes No

i. Have you ever been charged with any of the following? (if so, explain on following page):

	Yes	No
i. A felony in the past ten years	_____	_____
ii. Murder	_____	_____
iii. Sexual assault	_____	_____
iv. Physical assault or abuse	_____	_____
v. Medical abuse or neglect	_____	_____
vi. Possession of drugs or narcotics	_____	_____
vii. Driving under the influence of alcohol in the past year	_____	_____

j. Describe your personality, characteristics and resilience:

k. What are your hobbies? _____

l. How do you manage stress? _____

m. What are your cultural/religious views & activities? _____

f. _____
Occupation *Place of Employment*

Email: _____

How long have you been employed by your current employer: _____

Please provide your monthly & annual income: _____

If unemployed, list your source(s) of income: _____

g. List your siblings, their ages, and where they reside:

h. _____
Name of High School

Did you graduate? _____ / _____
Yes No

Secondary Education and Major

Did you receive a degree? _____ / _____
Yes No

i. Have you ever been charged with any of the following? (if so, explain on next page):

Yes No

- viii. A felony in the past ten years _____/_____
- ix. Murder _____/_____
- x. Sexual assault _____/_____
- xi. Physical assault or abuse _____/_____
- xii. Medical abuse or neglect _____/_____
- xiii. Possession of drugs or narcotics _____/_____
- xiv. Driving under the influence of alcohol in the past year _____/_____

j. Describe your personality characteristics and resilience:

k. What are your hobbies? How do you manage stress? _____

l. What are your cultural/religious views & activities? _____

m. Do you believe in corporal punishment? _____

n. Have you ever had a CHIPS (child in need of protective services) filled against you or any one in your household? _____

o. Drug history? _____

p. Do you use tobacco? _____

- q. Do you consume alcohol? How often? _____
- r. Do you gamble? How Often? _____
- s. Do you have any future goals? _____

4. **Relationship/Marriage Information** (Single parent skip to section #5 on page 7)

a. Are you married? _____/_____ How long have you been together? _____
Yes No

b. Please explain the strengths in your marriage/relationship.

c. Please explain the weaknesses in your marriage/relationship.

d. Have either of you ever been divorced? _____/_____
Yes No

5. **Family Structure** (If you don't have kids, skip to section #6 on page 8)

a. Children living in the home. Number of children, age, gender and place of birth. (starting with the oldest):

i.	_____	_____
	Name & Place of birth	Age & Date of Birth
ii.	_____	_____
	Name & Place of birth	Age & Date of Birth
iii.	_____	_____
	Name & Place of Birth	Age & Date of Birth
iv.	_____	_____
	Name & Place of Birth	Age & Date of Birth
v.	_____	_____
	Name & Place of Birth	Age & Date of Birth
vi.	_____	_____
	Name & Place of Birth	Age & Date of Birth

b. What strengths and accomplishments do your children have?

c. What activities do you do as a family?

6. Discipline

a. How do you discipline your children? (If you don't have kids, skip to 6. b.)

b. How would you discipline a foster child?

c. How were you disciplined by your parents?

d. Explain how you would use time out?

7. **Health & Wellness** *(please explain at the bottom if answer is yes)*

Yes No

a. Does anyone in your home have a disability? _____/_____

b. Has anyone in your home been diagnosed with a mental illness? _____/_____

c. Has anyone in your home attempted or committed suicide? _____/_____

d. Has anyone in your home been diagnosed with a terminal illness? _____/_____

e. Is anyone in your home CPR certified? _____/_____

f. Does anyone in your home belong to clubs or organizations? _____/_____

g. Does anyone in your home own a firearm? _____/_____

Please write any explanations below and on back of page if necessary (number each explanation in accordance with questions)

8. Child Preference/Foster Home Type:

a. Is this a relative or interim application: _____

b. Preference of age/sex of child(ren) to care for: _____

c. Who could be a possible respite care provider? _____

d. Why do you wish to become a foster parent? _____

Comments
