

## Foster Parent Initial Application Form Basic Qualifying Criteria

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**Applicant's Name:** *First* \_\_\_\_\_ *MI* \_\_\_\_\_ *Last* \_\_\_\_\_

**Date** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** M F

**Occupation:** \_\_\_\_\_

**Citizenship Status:**  A citizen or national of the United States

A lawful Permanent Resident (*Alien#* A \_\_\_\_\_)

**Secondary Applicant's Name:** *First* \_\_\_\_\_ *MI* \_\_\_\_\_ *Last* \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** M F

**Occupation:** \_\_\_\_\_

**Citizenship Status:**  A citizen or national of the United States

A lawful Permanent Resident (*Alien#* A \_\_\_\_\_)

**Street Address:** \_\_\_\_\_

**Mailing Address:** (*if different from street address*) \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (*Home*) \_\_\_\_\_ (*Cell*) \_\_\_\_\_ (*Cell*) \_\_\_\_\_

(*Work*) \_\_\_\_\_ (*Work*) \_\_\_\_\_ (*Other*) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Other Family Members:** (*Everyone else currently living in the home*)

	Name: First, MI, Last	AGE	Occupation/School/Grade	Relationship to Applicant #1
1				
2				
3				
4				
5				
6				
7				
8				

**Applicant Preferences:** Mark all that apply. You may change your mind at any time.

I am interested in working with: Boys  , Girls  , both

I am interested in working with youth ages: 0-12  , 13-18  \_\_\_\_\_

I am willing to consider a youth involved with DJJS: Yes  No

I am willing to consider a youth who is experiencing:

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral difficulties or conduct problems Abuse | <input type="checkbox"/> Drug or Alcohol      |
| <input type="checkbox"/> Victim of physical abuse and/or neglect abuse     | <input type="checkbox"/> Victim of Sexual     |
| <input type="checkbox"/> Hyperactivity/attention problems                  | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Emotional or mood difficulties                    | <input type="checkbox"/> Bedwetting           |
| <input type="checkbox"/> Inappropriate language or acting out verbally     |   |

I have prior experience as a foster/proctor parent provider: Yes  No

If yes, please indicate the agency you were a professional parent for and the duration you were in this capacity: \_\_\_\_\_

\_\_\_\_\_

Please describe your qualifications and experience in working with children who meet the criteria that you have marked above: \_\_\_\_\_

\_\_\_\_\_

Please indicate any reservations you have with the below listed criteria:

\_\_\_\_\_

\_\_\_\_\_

- Must have self-supporting income
- Must have approved references and background checks
- Must have smoke alarm, fire extinguisher, telephone, and transportation
- Must have approved water/sanitation system
- Must have adequate space and beds to provide each foster child his or her own bed
- May be single, married or divorce