



**All God's Children Inc.
Foster Parent Application**

Parent 1 Full Name _____

Parent 2 Full Name _____

Address (must be street address) _____

City _____ State _____ Zip _____ County _____

Home Phone (____) _____ How Long At Current Address _____

| | <i>Parent 1</i> | <i>Parent 2</i> |
|--------------------------------------|-----------------|-----------------|
| Date of Birth | | |
| Email address | | |
| Highest Education Achieved | | |
| Occupation | | |
| Work Hours | | |
| Length of Time with Current Employer | | |
| Time in Current Position | | |
| Distance from Home | | |
| Work Phone | | |
| Can You Receive Calls at Work | | |
| Previous States of Residency | | |
| Any Previous Names | | |

CHILDREN (Please list ALL – living, deceased, at home or away from home)

Child 1

Name (full) _____ Gender M ___ F ___

Birth Date _____ Grade _____ In Home Y N If No, where _____

Relationship to Parent 1: Biological _____ Step _____ Adopted _____

Relationship to Parent 2: Biological _____ Step _____ Adopted _____

Child 2

Name (full) _____ Gender M ___ F ___

Birth Date _____ Grade _____ In Home Y N If No, where _____

Relationship to Parent 1: Biological _____ Step _____ Adopted _____

Relationship to Parent 2: Biological _____ Step _____ Adopted _____

Child 3

Name (full) _____ Gender M ___ F ___

Birth Date _____ Grade _____ In Home Y N If No, where _____

Relationship to Parent 1: Biological _____ Step _____ Adopted _____

Relationship to Parent 2: Biological _____ Step _____ Adopted _____

OTHERS RESIDING IN YOUR HOME

Name, age, and relationship

1. _____

2. _____

Comments _____

Will any of these people have any child care responsibilities for the foster children? Y ___ N ___

Explain _____

CURRENT MARRIAGE

Date of Marriage _____ Place (County & State) _____

FAMILY ACTIVITIES & INTEREST

Please explain _____

RELIGION

Parent 1

Parent 2

Denomination _____

Church Name & City _____

Attendance Frequency _____

Special Involvement _____

Pastor's Name & Phone _____

MEDICAL INFORMATION

1. Does your personal physician accept Medicaid or the KY Medical Card? _____

2. Does any member of your household have a physical handicap? _____

3. Does any member of your household have a medical condition? _____

If yes to 2 or 3, explain _____

4. Has any member of your household ever sought counseling or treatment for any mental, emotional or nervous condition? _____. If yes, explain _____

If yes, please provide:

Family member's name _____

Counselor's name _____

Psychiatrist's name _____

Address _____

Address _____

Phone _____

Phone _____

5. Has any member of your household ever received treatment for, or had a problem with the use of alcohol or drugs? _____. If yes, explain _____

LEGAL INFORMATION

1. Has any member of your household ever been charged, fined or convicted for violation of any law? _____. If yes, explain (including dates) _____

2. Is anyone in your household presently involved in a civil suit or now paying judgment rendered in civil action? _____. If yes, explain _____

3. Has any member of your household ever had any allegations or charges of abuse or neglect brought against them? _____. If yes, explain (including dates) _____

4. Have any of your children been temporarily or permanently removed from your home by the courts of Child Protective Services? _____. If yes, explain (including dates) _____

PREVIOUS FOSTERING EXPERIENCE

- A. Have you ever applied to become foster parent(s)? _____
If yes, agency name & address _____
What was outcome of application _____
- B. If you have provided foster care for another agency, please explain why you no longer foster for that agency. _____

- C. The decision to close your home was made by: You _____ The Agency _____
- D. Were you in agreement with the closure? _____ Explain _____

FINANCIAL STATEMENT

Providing foster care for children creates some new financial responsibilities. Foster parents are provided a monthly amount to reimburse them for the costs of caring for a child in their home. Will caring for a child in your home create undue financial burden for your family? Y _____ N _____.

HOME & COMMUNITY

1. Elementary School in your district _____
2. Middle School in your district _____
3. High School in your district _____
4. How far is the nearest hospital from your home? _____
5. What type of water service do you use? City _____ County _____ Well _____

All of the information provided in this application is true and complete to the best of my/our knowledge. I / We understand that falsification of data so given or derogatory information discovered as a result of this investigation will likely prevent my/our being certified as foster parent(s).

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____