

Prospective Caregiver Application *Thank you for your interest in being a resource for children and families.*

Primary Caregiver: _____

Secondary Caregiver (if applicable): _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Primary Email: _____

Secondary Phone: _____ Secondary Email: _____

To which program are you applying?

- Partnership Parenting
- Resource Parenting
- Adoption Legal Risk
- Adoption
- Relative Partnership Parenting
- Respite Family
- Undecided About Previous Options
- Volunteer Only
- I do not wish to apply

Why is now a good time for your family to foster / adopt?

Have you fostered or adopted in the past? No Yes (If yes, where and when?) _____

Are you currently approved with an agency? No Yes (If yes, which agency?) _____

Marital Status

Single Co-habiting Married (If married, please provide date and location of marriage)

Date married: _____ Location: _____

Primary Caregiver identifying information

Full name: _____

Date of birth: _____ Gender: _____ Social Security Number: _____

Race / Ethnicity: White Hispanic or Latino Black or African American
 Asian / Pacific Islander Other (Specify): Native American or American Indian

Primary Caregiver identifying information continued next page

Highest level of education: _____ Languages spoken: _____

Have you lived in any other state in the past five years? No Yes (If yes, please list states below)

List any previous marriages. Include dates and how the marriage ended:

Primary Caregiver employment information

Primary Caregiver's occupation: _____ Length of time employed: _____

Annual income: _____

Secondary Caregiver identifying information

Full name: _____

Date of birth: _____ Gender: _____ Social Security Number: _____

Race / Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian

Asian / Pacific Islander Other (Specify): _____

Highest level of education: _____ Languages spoken: _____

Have you lived in any other state in the past five years? Yes No Yes (If yes, please list states below)

List any previous marriages. Include dates and how the marriage ended.

Secondary caregiver employment information (if applicable):

Secondary Caregiver's occupation: _____ Length of time employed: _____

Annual income: _____

CPR Certification

Primary Caregiver: Do you have current CPR / First Aid Certification? Yes No

Expiration date (if you have a current Certification): _____

Secondary Caregiver: Do you have current CPR / First Aid Certification? Yes No

Expiration date (if you have a current Certification): _____

Other household members

Please complete the following information for any persons 18 or older residing in your home.

Background checks are conducted on all adults living in the home.

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Gender: _____

Race / Ethnicity:

- White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital Status: _____ Date married (if applicable): _____

Role in home: _____

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Gender: _____

Race / Ethnicity:

- White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital Status: _____ Date married (if applicable): _____

Role in home: _____

Do you operate a home-based business? Yes No Do clients regularly visit? Yes No N/A

Do you have, or plan to acquire, a child care license? Yes No

Do you operate a licensed personal care home? Yes No

Children

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

List the names of your children (biological or other),
minor or adult, not residing in home.

And if they visit your home, how often?

_____	_____
_____	_____
_____	_____

What are the best days / times to contact you?

What are the best days / times for home visits?

What days / times are you available for pre-service training?

Use the space below to provide any comments, questions or additional household member information.

Primary Caregiver Signature

Date

Secondary Caregiver Signature

Date