



**CHILDREN'S HOME**  
OF JEFFERSON COUNTY  
*A Legacy of Compassion Since 1859*

**FOSTER CARE HOME APPLICATION  
GENERAL INFORMATION**

Initial Application

<b>NAME</b> _____	<b>Birth date</b> _____
<b>First</b> <b>Middle</b> <b>Last</b>	
<b>Marital Status:</b> <b>Single</b> _____ <b>Married</b> _____ <b>Divorced</b> _____ <b>Widowed</b> _____	
<b>Date of Marriage</b> _____ <b>Where</b> _____	
<b>If ever divorced, give date(s) of marriage</b> _____	

<b>NAME</b> _____	<b>Birth date</b> _____
<b>First</b> <b>Middle</b> <b>Last</b>	
<b>Marital Status:</b> <b>Single</b> _____ <b>Married</b> _____ <b>Divorced</b> _____ <b>Widowed</b> _____	
<b>Date of Marriage</b> _____ <b>Where</b> _____	
<b>If ever divorced, give date(s) of marriage</b> _____	

**ADDRESS/HOME INFORMATION**

<b>Current Address</b> _____	<b>County</b> _____
<b>Telephone Home</b> _____	<b>Work (Applicant One)</b> _____ <b>(Applicant Two)</b> _____
<b>Type of Housing</b>	<b>Apartment</b> _____ <b>House: Single</b> _____ <b>Double</b> _____
	<b>Mobile Home</b> _____ <b>Other</b> _____
<b>Own</b> _____ <b>Rent</b> _____ <b>How Long</b> _____	<b># of Rooms</b> _____ <b># of Bedrooms</b> _____
<b>Monthly Mortgage Payment</b> _____	<b>Monthly Rent Payment</b> _____
<b>Monthly Household Expenses</b> _____	
<b>Home Owners/Rental Insurance Company</b> _____	

**LIVING IN THE HOME**

**Children living at Home** *(Use additional page if more space is needed)*

Name	Birth date	School Grade or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Children Living Away From Home** *(Use additional page if more space is needed)*

Name	Birth date	School Grade or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Others Living At Home (Relatives, Boarders, Etc.)** *(Use Additional Page if more space is needed)*

Name	Birth date	School Grade or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MISCELLANEOUS INFORMATION**

<b>Religious Affiliation</b>	_____	_____
<b>Place of Worship</b>	_____	_____
	<b>Applicant One</b>	<b>Applicant Two</b>
<b>Highest Education</b>	_____	_____
<b>Social Security #</b>	_____	_____
<b>Other Income</b>	_____	_____
<b>Military Service</b>	_____	_____
<b>Type of Discharge</b>	_____	_____

**HEALTH INFORMATION**

	<b>Applicant One</b>	<b>Applicant Two</b>
<b>Health Status (poor, fair, good, excellent)</b>	_____	_____
<b>Physicians Name</b>	_____	_____
<b>Address and Phone number</b>	_____	_____
<b>Last Physical Date</b>	_____	_____
<b>Medical Insurance (Company and #)</b>	_____	_____
<b>Medical History on Children in the Home</b>		
<b>Children's Names</b>	<b>Date of last medical examination</b>	<b>Pediatrician/Address</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT HISTORY**

	<b>Applicant One</b>	<b>Applicant Two</b>
<b>Current Employer Name</b>	_____	_____
<b>Employer Address</b>	_____	_____
<b>Employer Phone #</b>	_____	_____
<b>Job Title/Occupation</b>	_____	_____
<b>Dates of Employment</b>	_____	_____
<b>Work Schedule</b>	_____	_____
<b>Employment Income (average gross monthly)</b>	_____	_____
<b>Employment Reference (who may we contact to verify your employment?) (Need two for each applicant)</b>		
<b>Applicant One:</b>	<b>Applicant Two:</b>	
<b>Name of Reference and Phone Number</b>	<b>Name of Reference and Phone Number</b>	
_____	_____	
_____	_____	

**HOUSE PHYSICAL PLANT INFORMATION**

**Sleeping Arrangements**

*Please write the name of the person(s) sleeping in each bedroom. Indicate if they are male or female.*

**First Floor Bedrooms: How Many?** \_\_\_\_\_

**Names of those in each bedroom**

**Size of Room**

**Indicate type of bed in each room (crib, single, bunk bed, Double, queen, king, etc.)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Second Floor Bedrooms: How Many?** \_\_\_\_\_

**Names of those in each bedroom**

**Size of Room**

**Indicate type of bed in each room (crib, single, bunk bed, Double, queen, king, etc.)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Third Floor Bedrooms: How Many?**

**Names of those in each bedroom**

**Size of Room**

**Indicate type of bed in each room (crib, single, bunk bed, Double, queen, king, etc.)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RESOURCE PARENT HISTORY**

Have you previously applied for certification as a resource parent? Indicate who has applied.

\_\_\_\_\_

If yes, was your application accepted or rejected? \_\_\_\_\_

Date of Interview \_\_\_\_\_

Give the name of agency, date, and reason for rejection or for leaving agency \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you transferring from another agency?  Yes  No

Where did you hear about the Children’s Home of Jefferson County Resource Program?

Television  Radio  Billboards  Family/Friends  Other Foster Parents  Other (Please Explain) \_\_\_\_\_

\_\_\_\_\_

Have you or anyone else currently living in the home over the age of 18 been convicted of a crime? *(Do not list youth offender rulings or adjournment in contemplation of dismissal).*

Yes \_\_\_\_\_ No \_\_\_\_\_ (Conviction will not necessarily disqualify an applicant)

If yes, indicate who was convicted and list details including date, charge, and disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or anyone else currently living in the home over the age of 18 been the subject of an indicated child abuse, neglect, or maltreatment charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate who was the subject and give dates and details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

**Four personal references (not relatives, not anyone living in your home)**

<b>Name</b>	<b>Street, City, State</b>	<b>Zip</b>	<b>Telephone</b>
<b>Name</b>	<b>Street, City, State</b>	<b>Zip</b>	<b>Telephone</b>
<b>Name</b>	<b>Street, City, State</b>	<b>Zip</b>	<b>Telephone</b>
<b>Name</b>	<b>Street, City, State</b>	<b>Zip</b>	<b>Telephone</b>

**Directions to Your House** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I (We) authorize investigation of all information contained in this application as may be necessary to arrive at a decision to certify for foster care.**

**All information is confidential. This application is a statement of intention that may be withdrawn at anytime.**

_____ <b>Applicant's Signature</b>	_____ <b>Date</b>
_____ <b>Applicant's Signature</b>	_____ <b>Date</b>

**SWORN STATEMENT**

**Do not complete this section prior to the interview. This statement must be completed in the presence of a CHJC Resource Program Staff Member.**

**I certify to the best of my knowledge that all the information on this application is correct and true. I also certify to the best of my knowledge that other than the information contained on the application that I have not been convicted of a crime or that I have not been investigated or indicated in a child abuse, neglect, or maltreatment allegation.**

\_\_\_\_\_  
**Parent's Signature**

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

\_\_\_\_\_  
**Parent's Signature**

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

\_\_\_\_\_  
**Witness**

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

\_\_\_\_\_  
**Resource Program Director**

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