

YOUTH HOMES, INC INTENSIVE TREATMENT FOSTER CARE

FOSTER PARENT APPLICATION

Primary Caregiver's Full Name: _____ DOB _____
SSN: _____ Driver License #: _____ State: _____
Telephone Number: (home) _____ (work) _____
Occupation _____ Weekly Work Schedule _____

Other Adult's Full Name: _____ DOB _____
Relationship to Primary Caregiver _____
SSN: _____ Driver License #: _____ State: _____
Telephone Number: (home) _____ (work) _____
Occupation _____ Weekly Work Schedule _____

Other Adult's Full Name: _____ DOB _____
Relationship to Primary Caregiver _____
SSN: _____ Driver License #: _____ State: _____
Telephone Number: (home) _____ (work) _____
Occupation _____ Weekly Work Schedule _____

Attach resumes for all adults living in the home. Also attach 2 references per adult (excluding relatives) with complete addresses and telephone numbers.

Home Address (rent, lease or own) **please attach rental/lease agreement or proof of ownership and floor plan/layout of home:**

How long did family reside here? _____

List all children living in your home: (Name, Age, Relationship to primary caregiver):

1 _____
2 _____
3 _____
4 _____

List any pets that live inside and outside your home (in case of allergies):

Families must not depend on foster care payments to meet the basic needs for their families. Please list total annual family gross income: \$ _____

If any family members were ever convicted of a crime, please explain. If no one was ever convicted of a crime, please write "None".

Briefly explain why you want to be a foster parent:

What age group of foster children would you prefer? _____

Do you prefer boys, girls, or have no preference? _____

Describe your ability to care for the needs of a foster child as well as of your biological children:

Briefly describe how you feel foster parenting will affect yourselves and your own children. Include what you think will be the positive and negative aspects of foster parenting. Include your biological children's attitudes toward accepting a client into your home.

Describe your attitudes and practices toward child discipline and corporal punishment (spanking, slapping mouths, etc.); How do you discipline you own children:

Describe any prior experience you have in caring for, supervising, or teaching children (note any experience you have with children with special needs):

How do you feel about a child of another religion and/or racial/ethnic group being placed in your home?

Describe your perceived ability to accept and respect a child as he/she is:

Describe your perceived ability to accept a foster child's parents and work with them toward developing a positive role in the child's life:

Describe your perceived ability to work with the Agency in planning and managing your foster child/children's care (including having therapeutic and behavioral assistance in your home on a weekly basis.

Describe any cigarette, cigar, or pipe smoking in your home (in case of allergies):

Describe any use of alcohol in your home. Has the use of alcohol ever created a problem for any member of your family? Include any charges or traffic violations while under the influence of alcohol. (This information is needed for placement of children with substance abuse problems):

Describe any use of drugs (illegal or prescription) in your home. Has any family member ever used illegal drugs or abused prescription drugs? *This does not necessarily prevent foster parent certification.*

Medical care: Family Doctor: _____

Address: _____ Telephone number: _____

Family Dentist: _____

Address: _____ Telephone number: _____

Local school district: _____

Local Elementary school: _____

Local Middle school: _____

Local Junior High School: _____

Local High School: _____

If you currently have children in school, describe your working relationship with school personnel.

If any family members have any physical (including chronic illness or other reasons for frequent hospital visits) or mental health problems that could interfere with their ability to care for a child/adult in your home, please explain. Please include all psychiatric hospitalizations and treatment including medications for mental disorders. If there are no such problems, please write "None"

List participation in any community activities and /or organizations for all family members (church, gym):

Please describe any areas where you feel that you would especially need guidance and/or support.

Describe your home surroundings, and neighborhood in which you live (recreation, hazards, public transportation). On a separate sheet of paper, draw a layout of your home including the square footage of bedrooms. Draw existing beds in the bedrooms. Write in who sleeps in which bedrooms and where a foster child/children would sleep.

I certify that the information provided on this application is accurate. I give the Agency permission to contact my previous employers, references, and family physician. This agency can release this information to others upon request.

Primary Caregiver's signature: _____ **Date:** _____

Other Adult's signature: _____ **Date:** _____

Other Adult's signature: _____ **Date:** _____

Attach:

1. Drawing of layout of your home.

2. Copy of any two of driver's license/social security card/state ID/birth certificate for any adult in home (copies can be made at the Youth Home offices).

3. Resume and references for any adult in home.

4. Rental/lease agreements or proof of home ownership.