

The Family Care Network, Inc.
FOSTER FAMILY APPLICATION

Date: _____

APPLICANT 1

Last: _____ First: _____ M.I.: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency: _____ Cell: _____

Place of Birth: _____ Social Security #: _____ Driver's License: _____

Resident Status: U.S. Citizen or Legal Permanent Resident? Yes No

Marital Status: _____ Prior names (if any): _____

Employment Information: Name: _____ Address: _____

Phone: _____ Position: _____ Are you financially self-supporting? Yes No

E-mail: _____ Languages spoken: _____

APPLICANT 2

Last: _____ First: _____ M.I.: _____ DOB: _____

Place of Birth: _____ Social Security #: _____ Driver's License: _____

Resident Status: U.S. Citizen or Legal Permanent Resident? Yes No

Marital Status: _____ Prior names (if any): _____

Employment Information: Name: _____ Address: _____

Phone: _____ Position: _____ Are you financially self-supporting? Yes No

E-mail: _____ Languages spoken: _____

FAMILY INFORMATION

Children & Adults residing at home:

Name: _____ Relationship: _____ Male Female DOB: _____

Name: _____ Relationship: _____ Male Female DOB: _____

Name: _____ Relationship: _____ Male Female DOB: _____

Name: _____ Relationship: _____ Male Female DOB: _____

Name: _____ Relationship: _____ Male Female DOB: _____

FAMILY INFORMATION (cont.)

All Children living away from home:

Name: _____ Relationship: _____ Male Female DOB: _____

Name: _____ Relationship: _____ Male Female DOB: _____

Name: _____ Relationship: _____ Male Female DOB: _____

List and describe *pets and animals* in the home or on the property: _____

CRIMINAL BACKGROUND

Has any household member ever been arrested, charged or convicted of a crime (felony and/or misdemeanor) in or outside of California? Yes No (Please complete Criminal Record Statement-Lic 508 in application packet with details for each adult in home.) Please note: *Criminal backgrounds may delay certification process for up to six months.*

Has any household member ever been investigated for child abuse and neglect? Yes No (If yes, please attach a signed statement describing the events.)

Having support and respite is important to any foster parent. *All respite providers must have criminal record and child abuse index clearances prior to supervising foster children.*

HOUSING

Type of housing: Own Rent Lease Single family dwelling Apartment Other : _____

Do you have home owners or renter insurance? Yes No Insurance Company: _____ (Copy to FCNI)

Bedroom #'s _____ Bathroom #'s _____ Bodies of water (e.g., pool, hot tub, pond, fountain, creek, etc.): Yes No

Please describe how water areas are fenced or covered: _____

Can you swim? Father: Yes No Mother: Yes No

TRANSPORTATION

Do you have safe, adequate and reliable transportation? Yes No [List additional vehicles on separate page.]

Describe vehicles: Make _____ Model _____ Year _____ Lic.# _____

Make _____ Model _____ Year _____ Lic.# _____

All drivers to have valid drivers license, vehicle(s) registration, and current proof of insurance. (Copies to FCNI)

CERTIFICATION/LICENSES (e.g., Foster Parent, Day Care, Elder Care, etc.)

Have you ever applied to or been certified, licensed or approved by another agency or county? Yes No

If yes, with whom: _____ Dates: _____ License Type/#: _____

Agency address: _____ City: _____ State: _____ Phone: _____

Have you ever received a denial, exclusion, revocation, administrative action, or decertification? Yes No

Describe/explain (include dates): _____

CERTIFICATION/LICENSES (cont.)

Do you or anyone living in your home or on your property have an open or closed CCL or Child Protective Services investigation on file? Yes No [Attach separate page as needed.]

Describe/explain (include dates): _____

Are there any alcoholic beverages stored unlocked in your house? Yes No

List any tobacco users in your house or on property: _____

REFERENCES (non-relatives only, minimum of three (3) required) Please provide complete address!!

Name: _____ Relationship: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: () _____ E-mail address: _____

Name: _____ Relationship: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: () _____ E-mail address: _____

Name: _____ Relationship: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: () _____ E-mail address: _____

CHILD PREFERENCES Ages: _____ Boy\Girl\Either: _____

Family Care Network, Inc., by law, is required to check references of all foster family agencies's that have previously certified the applicant and of all county licensing offices that have licensed the applicant as a foster parent. Signing of application constitutes the authorization of the applicant for The Family Care Network, Inc. to conduct its check of references.

APPLICANT DECLARATION

I/We hereby certify that all the information set forth above is true and correct to the best of our knowledge. (Submitting false information is a violation of law punishable by incarceration, a fine or both.)

Applicant

Date

Applicant

Date