

APPLICANT(S) INFORMATION

Caregiver 1

Full Name

Date of Birth

SSN

Home Phone

Cell/Business

Caregiver 2

Full Name

Date of Birth

SSN

Home Phone

Cell/Business

APPLICANT(S) RESIDENCE

Physical Address

Mailing Address (if different)

City or County of Residence

Do you own or rent your home?

Length of time at current address

Describe the relationship between Caregiver 1 and Caregiver 2

MEMBERS OF HOUSEHOLD

Children (Name, Date of Birth, Relationship)

Pets (Name, Type, Breed, Age)

Members of the family not living in the household (include name, relationship, date of birth, phone number, and address)

Frequent house guests (include name, relationship, date of birth, phone number, and address)

APPLICANT(S) EDUCATION

Caregiver 1

School/College Attended and Location

Dates Attended

Areas of Study

Was the program completed? _____ Yes _____ No

Caregiver 2

School/College Attended and Location

Dates Attended

Areas of Study

Was the program completed? _____ Yes _____ No

EMPLOYMENT HISTORY

Caregiver 1

Current Occupation

Hours

Title/Position

Monthly Income

Employer

Address

Are you receiving any type of government assistance? (If yes, please specify)

If you are on disability, please specify what type

Dates of Previous Employment (Start date/Finish date)	Company Name and address	Immediate supervisor name and phone number	Position held	Reason for leaving position

Caregiver 2

Current Occupation

Hours

Title/Position

Monthly Income

Employer

Address

Are you receiving any type of government assistance? (If yes, please specify)

If you are on disability, please specify what type

Dates of Previous Employment (Start date/Finish date)	Company Name and address	Immediate supervisor name and phone number	Position held	Reason for leaving position

PREVIOUS IN-HOME CARE EXPERIENCE

Have you provided in-home care in the past? _____ Yes _____ No

Dates of in-home care (Start with most recent)	City/County	Caseworker name and phone number	Company name and address	Reason for ending foster care

Are you currently providing care of an adult or child in your home? _____ Yes _____ No

Do you currently have a licensed foster care home in this state? _____ Yes _____ No

If yes, what is the expiration date of your license? _____

Have you applied to another child or adult placing agency in the past? _____ Yes _____ No

If yes, please list ALL agencies to which you have applied.

Date of application (Start with most recent)	County	Company name, address and phone number	Was a home study completed? (Yes or No)

MILITARY HISTORY

Did Caregiver 1 or Caregiver 2 serve in the military? _____ Yes _____ No

If so, who?

Branch of the military

Dates of service

Type of discharge

If not honorable, please provide reasons for discharge

PERSONAL INFORMATION

How did you hear about our agency?

What are your reasons for wanting to become foster parents?

Are you willing to adopt?

What experience have you had with children?

Please describe the type of child or children you and members of your household, when applicable, would prefer to have in foster care. Include in your description such factors as *age, sex, race, intellectual ability, and acceptable behavior*. Indicate reasons for your preferences.

What available bed space do you have?

Please describe your hobbies, special interests, and community activities.

Please list the organizations or groups you belong to

Please list any volunteer work you do

Please describe any church or religious affiliations you have

Is Caregiver 1 CPR Certified? _____ Yes _____ No If yes, when does it expire? _____

Is Caregiver 2 CPR Certified? _____ Yes _____ No If yes, when does it expire? _____

Do you speak or read any languages in addition to English? _____ Yes _____ No

If yes, please describe

Are you or a member of your family currently being treated for a physical illness? _____ Yes _____ No If yes, please describe

Do you have a history of mental illness in your family? _____ Yes _____ No

Was treatment provided? _____ Yes _____ No

Are you or a member of your family currently being treated for a mental illness? _____ Yes _____ No If yes, please describe

Are any members of the household currently taking medication? _____ Yes _____ No If yes, please describe

Have you or a member of your family ever been convicted of any crime? _____ Yes _____ No If yes, please describe

Have you or a member of your family ever been accused of physical abuse, emotional abuse, sexual abuse or neglect of a child or adult?

____ Yes ____ No If yes, please describe

Do you have firearms or any other weapons in your home? _____ Yes _____ No

If yes, please describe

MARITAL HISTORY

Date of marriage

Names and ages of children from current marriage

Have either of you previously been married? _____ Yes _____ No

If yes, please provide the dates of the marriage and reason for termination of marriage:

Names and ages of children from previous marriage:

If you are not currently married, are you living with a significant other? _____ Yes _____ No

TRANSPORTATION

Do you own a car? _____ Yes _____ No

If yes, please provide the year, make, model of vehicle

License Plate Number

State

Driver's License Number

State

Do you have automobile insurance? _____ Yes _____ No If yes, please provide the current insurance policy and number

SCHOOLS

Schools in your District	Grade levels	Distance from your home

PRIOR RESIDENCES

Please provide the prior addresses and dates for the past five years, if more space is needed, please attach a separate sheet.
If a couple, this is required for both applicants.

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

Name at time of residency

Dates

Street Number and Address

City, State, and Zip

PERSONAL REFERENCES

Please provide the names of three persons who are not related to you whom the agency may contact for a personal reference.

Caregiver 1

Name

Address

Name

Address

Name

Address

Caregiver 2

Name

Address

Name

Address

Name

Address

EMERGENCY CONTACT

Person to notify in case of emergency

Relationship

Phone number

I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for dismissal.

I also authorize investigations of all statements contained in the application.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide services and that refusal to inform Alliance Human Services, Inc. of the contents of a criminal record will result in the automatic denial of the application. My signature indicates that I have read and understand the above.

I understand that I must successfully complete the Alliance Human Services, Inc. Pre-Service Orientation before I can be approved as a Foster Parent and have a client placed with me.

I understand that I can withdraw from the application process at any time before licensing or approval takes place and that a license will not be granted if I withdraw. I also understand that Alliance Human Services, Inc. can stop the application process at any time before licensing or approval.

I understand that Alliance Human Services, Inc. has *ZERO TOLERANCE FOR ABUSE* and takes all allegations of abuse seriously. I further understand that Alliance Human Services, Inc. cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of clients is grounds for immediate dismissal and possible criminal charges.

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a child or an adult and that I have never been accused of these acts.

Caregiver 1

Signature

Date

Caregiver 2

Signature

Date

Recruiter

I have reviewed this application and have noted any missing information.

Signature

Date

PLEASE RETURN APPLICATION TO ALLIANCE HUMAN SERVICES:

**341 Main Street, Suite 301
Danville, VA 24541**

**3618 Brambleton Avenue, SW, Suite E
Roanoke, VA 24018**