

ALLIANCE HUMAN SERVICES, INC.

FOSTER HOME APPLICATION

Caregiver 1 Full Name: _____ Date of Birth: _____

Caregiver 2 Full Name: _____ Date of Birth: _____

Caregiver 1 SSN: _____ Caregiver 2 SSN: _____

Mailing Address: _____

Location Address: _____

City or County of Residence: _____

Phone: (home) _____ Caregiver 1 (Cell) _____ Caregiver 1 (Email) _____

Caregiver 2 (Cell) _____ Caregiver 2 (Email) _____

Directions to Home: _____

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)

1. _____

2. _____

3. _____

4. _____

5. _____

Adults (Name, Date of Birth, Relationship)

1. _____

2. _____

3. _____

4. _____

5. _____

Pets (Name, Type, Breed, Age)

1. _____

2. _____

3. _____

4. _____

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

1. _____

2. _____
3. _____
4. _____
5. _____

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

1. _____
2. _____
3. _____
4. _____
5. _____

Education (Caregiver 1)

School/College attended	Location	Dates of attendance	Area of study	Was the program completed?
		Started ___/___/___ Ended ___/___/___		
		Started ___/___/___ Ended ___/___/___		

Education (Caregiver 2)

School/College attended	Location	Dates of attendance	Area of study	Was the program completed?
		Started ___/___/___ Ended ___/___/___		
		Started ___/___/___ Ended ___/___/___		

Employment History (Caregiver 1)

Current Occupation: _____ Hours: _____

Title/Position: _____ Monthly Income: _____

Employer: _____ Address: _____

Are you receiving any type of government assistance? ____ Yes ____ No

If yes, please specify: _____

If you are on disability, please specify what type: _____

Dates of previous employment (Start with most recent)	Company name and address	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ _____ Ended ___/___/___				
Started ___/___/___ _____ Ended ___/___/___				
Started ___/___/___ _____ Ended ___/___/___				

Employment History (Caregiver 2)

Current Occupation: _____ Hours: _____

Title/Position: _____ Monthly Income: _____

Employer: _____ Address: _____

Are you receiving any type of government assistance? ____ Yes ____ No

If yes, please specify: _____

If you are on disability, please specify what type: _____

Dates of previous employment (Start with most recent)	Company name and address	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ _____ Ended ___/___/___				
Started ___/___/___ _____ Ended ___/___/___				
Started ___/___/___ _____ Ended ___/___/___				

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
Started ___/___/___ _____ Ended ___/___/___ _____				
Started ___/___/___ _____ Ended ___/___/___ _____				
Started ___/___/___ _____ Ended ___/___/___ _____				

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 ___ No
___/___/___			___ Yes ___ No
___/___/___			___ Yes ___ 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

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: _____

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

	<u>Name</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Caregiver 2

	<u>Name</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

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: _____

**PLEASE RETURN APPLICATION TO:
Alliance Human Services, Inc.**

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

**701 Thomas Road,
Suite 112
Lynchburg, VA 24502**

I have reviewed this application and have noted any missing information

Recruiter Signature: _____ Date: _____