

# FOSTER CARE APPLICATION



## Foster Parent Application

**Return Completed Application To:**

**Youth for Change**

Attn: ~~YOUTH FOR CHANGE~~

P.O. Box 1476, Paradise, CA 95967

(530) 877-6764

	Prospective Parent #1	Prospective Parent #2
Name		
Referred by		
Program of interest (please check all programs that you would like to discuss)	<input type="checkbox"/> Traditional Foster Care <input type="checkbox"/> ITFC – Intensive Treatment Foster Care <input type="checkbox"/> Fost/Adopt – plan for adopting a child <input type="checkbox"/> Host Family Home – providing in-home support for a foster teen in transition.	
Application Date		
Date of Birth/Age		
Race/Ethnicity		
Gender		
Driver's License/ Exp. Date		
Social Security #		
Current Marital Status		
Occupation		
Employer/Address + Phone # *		
Schedule**		
Monthly Income		
Monthly Outgoing Income		

\*If not employed, please list source of income: \_\_\_\_\_

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\*\*Please list supervision arrangements for youth when Foster Parent(s) is/are not available:

Home Address:

How Long At Present Address:

Type of Home: Single family dwelling \_\_\_ Duplex \_\_\_ Apartment \_\_\_ Other \_\_\_

Own or Rent? \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Fenced play area? Y \_\_\_ N \_\_\_

Do you have a pool/pond? Y \_\_\_ N \_\_\_ Do you have a wood stove/fireplace? Y \_\_\_ N \_\_\_

Are you willing to childproof it/them? Y \_\_\_ N \_\_\_

Do you have homeowners/renters insurance? Y \_\_\_ N \_\_\_

What company?

Home Telephone #:

Cell Phone #:

Directions to Your Home:

School District

Local Schools

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**Household Members** (include everyone residing in the home):

<b>Name</b>	<b>Date of Birth/Age</b>	<b>Relationship</b>	<b>Gender</b>

**Children Out of Home:**

<b>Name</b>	<b>Date of Birth/Age</b>	<b>Relationship</b>	<b>Gender</b>

**Pets** (Please list all pets in your household)

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## References

(Please note that only one (1) reference should be a relative)

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

# FOSTER CARE APPLICATION

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## First Applicant

**Name:** \_\_\_\_\_

### Education

High School Attended: \_\_\_\_\_

Graduation or Equivalent: \_\_\_\_\_

College/Other: \_\_\_\_\_

Course of Study/Degree: \_\_\_\_\_

### Health

Describe your physical health: \_\_\_\_\_

Describe any health concerns/limitations you may have: \_\_\_\_\_

Has any family member ever had a nervous or emotional disorder? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please explain (include when and what): \_\_\_\_\_

Is any family member currently on any medications? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, state what medication and why it is used: \_\_\_\_\_

Does anyone in your household smoke? Y \_\_\_\_\_ N \_\_\_\_\_

Does that person smoke inside the house? Y \_\_\_\_\_ N \_\_\_\_\_

# FOSTER CARE APPLICATION

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## CRIMINAL/CHILD ABUSE HISTORY

Has your family been involved with Child Protective Services? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please explain (include when and where): \_\_\_\_\_  
\_\_\_\_\_

Could we contact them and if so, who: \_\_\_\_\_

Have you ever been arrested or charged for any offense other than minor traffic violations, including any juvenile offense? (If yes, explain under "Comments" and include date, place, and disposition): Y \_\_\_\_\_ N \_\_\_\_\_ Children: Y \_\_\_\_\_ N \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Culture

Describe your ethnic background: \_\_\_\_\_  
\_\_\_\_\_

Describe your culture (customs, traditions, beliefs, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Self

Describe your personality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

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Marital History (marriages, separations, divorces): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Religion

Religious/Spiritual Denomination: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Hours/Days of Attendance per Week: \_\_\_\_\_  
\_\_\_\_\_

Supervision Arrangements for Youth\* \_\_\_\_\_  
\_\_\_\_\_

\*(Please note that youth in foster care may be invited but cannot be required to attend any religious events/services)

## Fostering Experience/Skills

How did you learn about Youth for Change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a foster or adoptive parent? (Y/N): \_\_\_\_\_

If yes, when, where, and with what agency(/ies) if any? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there children currently residing in your home who have special needs? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be using an alternate care giver to provide occasional supervision for youth placed in your home? (Y/N) \_\_\_\_\_

If yes, please list name, age, relationship and planned supervision arrangement:

## FOSTER CARE APPLICATION

Please check each of the following behaviors using the scale below. Indicate behaviors which you feel that you cannot accept and work with as a Foster Parent:

<u>Behavior</u>	<u>CAN Work With</u>	<u>Unsure</u>	<u>Unacceptable for Placement</u>
Arguing			
Talking Back			
Defiant			
Wild Dress			
Loud Music			
Swearing			
Lying			
Fighting			
Withdrawn			
Truancy			
Sexually Active/ Acting Out			
Sex Abuse History			
Runs away			
Depressed			
Suicide Attempts			
Self Cutting			
Stealing			
Gang History			
Drug Use History			
On Probation			

What age range of youth would be your preference for placement?

0-3 \_\_\_\_\_ 4-8 \_\_\_\_\_ 9-11 \_\_\_\_\_ 12 - 13 \_\_\_\_\_ 14 - 15 \_\_\_\_\_

16 - 17 \_\_\_\_\_ No Preference \_\_\_\_\_

What gender of youth would be your preference for placement?

Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_

Please describe your views on discipline \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





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## Second Applicant

**Name:** \_\_\_\_\_

### Education

High School Attended:

Graduation or Equivalent:

\_\_\_\_\_  
\_\_\_\_\_

College/Other:

Course of Study/Degree:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Health

Describe your physical health: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any health concerns/limitations you may have: \_\_\_\_\_

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## Self

Describe your personality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_  
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Hobbies: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_



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I/We have completed this application and the facts contained are true and correct to the best of my/our knowledge. I/We give our consent for staff of the Youth for Change Foster Care Program to contact the above listed references and employers regarding screening information needed for consideration as Foster Parents.

Youth for Change reserves the right to request additional information as needed which would be pertinent to the application process.

\_\_\_\_\_  
First Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Date