



FOSTER FAMILY HOME APPLICATION CHILDREN FOUNDATION

WHERE LOVE PEACE HAPPINESS COMES TOGETHER

AGENCY USE ONLY	
NUMBER:	
TYPE:	
ASSIGN:	

PRINT+SCAN+EMAIL instructions below :)

1. APPLICANT(S) First	Middle	Last Name
2. APPLICANT(S) AGE Over 18 Years Old <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. PREVIOUSLY LICENSED, CERTIFIED OR APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No DATE(S):	5b. PREVIOUS DENIAL, EXCLUSION, REVOCATION, ADMINISTRATIVE ACTION OR DECERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No DATE(S):
3. TYPE APPLICATION <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Location Change	TYPE LICENSE(S): ADDRESS(ES) OF PREVIOUS LICENSE(S): CITY STATE ZIP LICENSE NUMBER(S)	LICENSING AGENCY(IES):
4. TOTAL CAPACITY REQUESTED	6a. RESIDENCE/ ADDRESS CITY STATE ZIP	6b. CHECK ONE: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease
9a. BODY OF WATER: <input type="checkbox"/> Yes <input type="checkbox"/> No	7. MAJOR CROSS STREETS	8a. DAYS & HOURS APPLICANT(S) CAN BE REACHED: 8b. HOME PHONE: 8c. DAYTIME PHONE:
	9b. PROVIDE DESCRIPTION OF BODY OF WATER:	10. WEAPONS IN HOME: <input type="checkbox"/> Yes <input type="checkbox"/> No

11. ADULTS IN THE HOME (Ages 18 and over)				
First Name	Middle	Last Name	D.O.B.	Relationship to You

12. CURRENT CHILDREN IN YOUR HOME (DO NOT LIST NAMES)								
Relationship	D.O.B.	Sex	Relationship	D.O.B.	Sex	Relationship	D.O.B.	Sex
1.			3			5		
2.			4			6		

13. PREFERRED AGE AND SEX OF CHILDREN:				PREFERRED TYPE OF CHILDREN:		
Ages 0 months to 2 years	_____ (Male)	_____ (Female)		<input type="checkbox"/>	_____ Non-Ambulatory	
Ages 2 years to 9 years	_____ (Male)	_____ (Female)		<input type="checkbox"/>	_____ Ambulatory	
Ages 10 years to 17 years	_____ (Male)	_____ (Female)		<input type="checkbox"/>	_____ Special Health Needs	

- 1.PRINT OUT APPLICATION.
- 2.FILL IT OUT COMPLETELY.
- 3.SCAN + EMAIL TO : info@wearethechildren.net

Applicant(s) Signature(s)	City and County where Signed	Date

INSTRUCTIONS FOR FOSTER FAMILY HOME APPLICATION

This is the application form for a Foster Family Home license. The numbers on this page are the same as on the front. Information on this form is public information.

1. **APPLICANT(S)** - The applicants are the persons who will be responsible for providing care in their own home. All the applicants must live in the home to be licensed.
2. **APPLICANT(S) AGE** - A person must be at least 18 years of age or older to be licensed for care. A "Yes" check means all the applicants are 18 years of age or older.
3. **TYPE APPLICATION** - A New Application is a request to license both an individual and a home that are not now licensed. A Modification is a change to the existing license, such as a change in capacity, structure, changes of term and conditions and types of children. A Location Change is a request by a licensee to change their license to a home in another location.
4. **TOTAL CAPACITY REQUESTED** - Please provide the number of children you plan to serve (no more than 6 children).
- 5a. **PREVIOUSLY LICENSED, CERTIFIED OR APPROVED** - All prior or pending licenses, approvals, certifications, or vendor approvals must be explained on a separate sheet and submitted with your application.
- 5b. **PREVIOUS DENIAL, EXCLUSION, REVOCATION, ADMINISTRATIVE ACTION OR DECERTIFICATION** - All prior or pending licensure revocations, denials, exclusions, decertifications or revoked vendor certifications must be explained on a separate sheet and submitted with your application.
- 6a. **RESIDENCE/ADDRESS** - Your residence/address is the location of the home in which you live and want to provide care. This is the residence/address that the licensing agency will review to determine whether care can be provided in the home.
- 6b. **CHECK ONE** - Check whether you own, rent or lease your place of residence.
7. **MAJOR CROSS STREETS** - The cross streets to your home are helpful to the licensing agency in finding your home. If your home is difficult to find, please also attach a sketch or map with landmarks or major cross streets.
- 8a. **DAYS & HOURS APPLICANT(S) CAN BE REACHED** - Provide the days and hours you can be reached in case of an emergency.
- 8b. **HOME PHONE** - Provide your home telephone number.
- 8c. **DAYTIME PHONE** - Provide a telephone number where you can be reached during the days and hours provided in 8a.
- 9a. **BODY OF WATER** - You must inform your licensing office if there is a body of water located on the property. Some important examples would be: swimming pool, fish pond, fountain, private well, etc.
- 9b. **PROVIDE DESCRIPTION** - Please provide a description of the body of water. Include location and size.
10. **WEAPONS IN HOME** - You must inform your licensing office if there are firearms or other dangerous weapons in the home.
11. **ADULTS IN THE HOME** - List all adults who live in your home including yourself, family members, boarders or other relatives. Do not list your own children under 18, guardianship or foster children. If you do not have enough space attach additional paper.
12. **CURRENT CHILDREN IN YOUR HOME** – List only the relationship, date of birth and sex of all children you are currently caring for. Do not list the names of children on this form.
13. **PREFERRED AGE AND SEX OF CHILDREN & PREFERRED TYPE OF CHILDREN** - By completing each section you are simply providing your placement worker with an idea of the type of children you are interested in caring for within each age group and each category. **Please note this section is informational only.**
14. **SIGNATURE REQUIRED** - Each applicant must sign the application. The signatures should be the same as the names listed on the top of the form. The signature is signed under email instructions.