

FOND DU LAC COUNTY DEPARTMENT OF SOCIAL SERVICES

FOSTER PARENT APPLICATION

**Instructions: Please print this application and mail to:
 Fond du Lac County Dept. of Social Services
 Foster Parent Program
 87 Vincent St. P O Box 1196
 Fond du Lac Wi 54936-1196**

| | | | |
|--|-------------------------------|--------------------------------------|--------------------|
| Applicant #1 Sex: <input type="checkbox"/> male <input type="checkbox"/> female | Last Name | First Name | Middle Name |
| | Social Security Number | Birthdate | Birthplace |
| | National Origin | Aliases (include maiden name) | |

| | | | |
|--|-------------------------------|--------------------------------------|--------------------|
| Applicant #2 Sex: <input type="checkbox"/> male <input type="checkbox"/> female | Last Name | First Name | Middle Name |
| | Social Security Number | Birthdate | Birthplace |
| | National Origin | Aliases (include maiden name) | |

| | | | | |
|--|--|-----------------------|--|------------|
| Residence | Complete mailing address | City | State | Zip |
| | How long have you lived at your current residence? _____ If less than 5 years, please list other places of residence and dates you resided there. _____ _____ | | | |
| | County of Residence: | | Name of Township or Village | |
| | How long have you lived in this county? _____ | | How long have you lived in Wisconsin? _____ | |
| Telephone - | | E-Mail address | | |
| Home: _____ Work: _____ Cell: _____ | | | | |

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| | |
| | Directions to Home |
| | Do you <input type="checkbox"/> own or <input type="checkbox"/> rent the residence you live in? |

| | | |
|----------------------------|--|--------------------------|
| Marital Information | Present Marriage Date | Place of Marriage |
| | Applicant #1 Have you been married previously? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | Applicant #2 Have you been married previously? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | List dates, place and reason for divorce(s): | |
| | Has any support or alimony obligations been ordered? <input type="checkbox"/> yes <input type="checkbox"/> no If so, indicate the county where the judgment has been ordered: | |

| | | | |
|----------------------------|-------------------------------|--------------|---|
| Child of Applicants | Name | | Relationship (biological, adopted, step-child) |
| | Birthdate | | Birthplace |
| | Address if not in home | | |
| | School | Grade | Employment |

| | | | |
|----------------------------|-------------------------------|--------------|---|
| Child of Applicants | Name | | Relationship (biological, adopted, step-child) |
| | Birthdate | | Birthplace |
| | Address if not in home | | |
| | School | Grade | Employment |

| | | | |
|----------------------------|-------------------------------|--------------|---|
| Child of Applicants | Name | | Relationship (biological, adopted, step-child) |
| | Birthdate | | Birthplace |
| | Address if not in home | | |
| | School | Grade | Employment |

| | | |
|--|-------------|---|
| | Name | Relationship (biological, adopted, step-child) |
|--|-------------|---|

| | | | |
|--|-------------------------------|--------------|-------------------|
| | Birthdate | | Birthplace |
| | Address if not in home | | |
| | School | Grade | Employment |

(List any other children on a separate page or on back of this page.)

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| Others in Household | Name | | Relationship (biological, adopted, step-child) |
| | Birthdate | | Birthplace |
| | Address if not in home | | |
| | School | Grade | Employment |

| | | | |
|----------------------------|-------------------------------|--------------|---|
| Others in Household | Name | | Relationship (biological, adopted, step-child) |
| | Birthdate | | Birthplace |
| | Address if not in home | | |
| | School | Grade | Employment |

| | | | |
|--|----------------------------|--|----------------------------|
| Birth Family Applicant Name | Mother's Name / Age | | Father's Name / Age |
| | Sibling / Age | | Sibling / Age |
| | Sibling / Age | | Sibling / Age |
| | Sibling / Age | | Sibling / Age |

| | | | |
|---------------------|----------------------------|--|----------------------------|
| Birth Family | Mother's Name / Age | | Father's Name / Age |
| | Sibling / Age | | Sibling / Age |

| | | |
|-----------------------|---|---|
| Applicant Name | Sibling / Age | Sibling / Age |
| | Sibling / Age | Sibling / Age |
| Education | Name: | Name: |
| | Elementary School/City | Elementary School/City |
| | High School/City Diploma Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No Year of Graduation: | High School/City Diploma Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No Year of Graduation: |
| | List any post-high school education, dates attended, degrees earned: | List any post-high school education, dates attended, degrees earned: |
| | Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date/Type/Discharge: | Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date/Type/Discharge: |

| Employment (past 5 years) Applicant Name | Employer | Position | Dates of Employment | Reason for Leaving |
|---|-----------------|-----------------|--------------------------------|-------------------------------|
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| Employment (past 5 years) Applicant Name | Employer | Position | Dates of Employment | Reason for Leaving |
|---|-----------------|-----------------|--------------------------------|-------------------------------|
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(List any additional employment on a separate page or back of sheet.)

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| Description | Type of Residence | Total square footage of indoor living space: |
| | # of Bedrooms | # of Bathrooms |

| | |
|----------------|--|
| of Home | Provide dimensions for each bedroom: |
| | Describe sleeping arrangements of present household members: |
| | Describe sleeping arrangements available for foster children: |

| | | |
|------------------------------------|---------------------------------|---------------------|
| School District Information | Name of School district: | |
| | | School Names |
| | Elementary | |
| | Middle/Junior High | |
| | High School | |

| | |
|---------------------------|--------------------------------|
| Church Affiliation | Religion: |
| | Name/Address of Church: |

| | |
|----------------|---|
| Medical | Name of Family Physician |
| | Describe health problems of each applicant: |
| | Describe health problems of any children of the applicant: |
| | List reason for any hospitalizations & dates (include all members of the family) |
| | Any household member currently on medications? If yes, specify type and purpose: |

| | |
|------------------|---|
| Lifestyle | Does anyone in the household smoke? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who? |
| | Has anyone in the household been treated for alcohol or other drug abuse problems? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide name of person(s), type of treatment, dates of treatment: |

Has anyone in household been treated or received counseling for emotional or psychiatric problems?
 yes no
If yes, name of person, name of therapist, and dates of treatment:

Transportation
Applicant #1 _____
Do you have a valid driver's license? yes no
If yes, please provide the following:
State of License: _____ **Expiration Date:** _____
License # _____

Applicant #2 _____
Do you have a valid driver's license? yes no
If yes, please provide the following:
State of License: _____ **Expiration Date:** _____
License # _____

| | | | |
|---------------------------|----------------------------|--------------------------------|----------|
| Household Finances | Annual Gross Income | Applicant 1 | \$ _____ |
| | | Applicant 2 | \$ _____ |
| | | Other Income Specify: _____ | \$ _____ |
| | | Total Income | \$ _____ |
| | Monthly Expenses | Housing/taxes/insurance | \$ _____ |
| | | Auto/gas/insurance | \$ _____ |
| | | Utilities | \$ _____ |
| | | Groceries | \$ _____ |
| | | Credit Card Debt | \$ _____ |
| | | Bank Notes/Loans | \$ _____ |
| Clothing | | \$ _____ | |
| Other Debt: | | \$ _____ | |
| Total monthly expenses: | \$ _____ | | |
| Assets | Current Home Value | \$ _____ | |
| | Savings Accounts | \$ _____ | |
| | Stocks & Bonds | \$ _____ | |
| | Other: _____ | \$ _____ | |

| | | |
|--|--------------|----------|
| | Other: _____ | \$ _____ |
| | Other: _____ | \$ _____ |
| | Total: _____ | \$ _____ |

| | | |
|-----------------------------------|--------------|---|
| Household Finances (con't) | Other | <p>Are the property taxes current on your home? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Have you ever declared bankruptcy? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, indicate when and where:</p> <p>Have you ever had a civil judgment entered against you? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes indicate when, where, and amount of judgment:</p> <p>Has the judgment against you been satisfied? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If no, indicate the impediments to satisfying the judgment:</p> <p>Is your home mortgage/rent current? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If no, indicate the amount in arrears:</p> |
|-----------------------------------|--------------|---|

PREVIOUS FOSTER CARE EXPERIENCE

| Applicant 1 | Applicant 2 |
|--|--|
| <p>1. Have you ever applied for foster home license? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>2. Have you ever applied for any other license or certification for the care of children? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>3. Did you ever have a license or certification revoked? _____ If yes, when and by which agency: _____ _____ Why? _____ _____ _____</p> | <p>1. Have you ever applied for foster home license? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>2. Have you ever applied for any other license or certification for the care of children? <input type="checkbox"/>yes <input type="checkbox"/>no When and where _____</p> <p>3. Did you ever have a license or certification revoked? _____ If yes, when and by which agency: _____ _____ Why? _____ _____ _____</p> |

4. Have you ever applied for adoption? _____

Where? _____

When? _____

Would you consider adoption? _____

If you have children currently attending school, please provide the following information so that we may contact each child's school for a reference with regard to your application:

| School References | Child's Name | School | Address | Person to Contact |
|-------------------|--------------|--------|---------|-------------------|
| | | | | |
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| Legal | Has anyone in your household ever been arrested or convicted for any law violation? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe the circumstances: |
|--------------|--|

In completing this application for licensing as a foster parent, I (we) understand there is no commitment or obligation by the licensing agency to place a child in my (our) home. I (we) also give the Fond du Lac County Department of Social Services permission to contact the references listed.

I (we) acknowledge that the information contained within this application is accurate and true to the best of our knowledge. I (we) understand that providing false information within this application may be grounds to deny our application for licensing.

Signed: _____

Date: _____

Print Name: _____

Signed: _____

Date: _____

Print Name: _____

SS:lcj
9/25/06
SHELL\LJ4880

REFERENCES

List five (5) persons who know you well. One relative may be included. **PLEASE PRINT**

| Name(s) - <u>Relationship</u> : (friend, coworker, etc.) | Address | Telephone |
|--|---------|-----------|
| | | |
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In completing this questionnaire, we (I) understand there is no commitment by the agency that a child will be placed in our (my) home. We (I) also understand that the agency is free to consult persons or agencies named herein and do any required criminal records check.

Signature

Date Signed

Male

Signature

Date Signed

Female

Applicants' Name and Address:
Please print.

Return to: