|  |  |
| --- | --- |
| ***State of Delaware*** | |
| ***Division of Family Services*** |  |

**FOSTER CARE APPLICATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant A** | | | |  | **Applicant B** | | | |
| **Name** |  | | |  | **Name** | |  | |
| **Cell Phone** |  | | |  | **Cell Phone** | |  | |
| **Work Phone** |  | | |  | **Work Phone** | |  | |
| **Email** |  | | |  | **Email** | |  | |
| **Preferred method of contact** | | | |  | **Preferred method of contact** | | | |
| Cell | | Email | Home |  | Cell | Email | | Home |
| List aliases and any previous names (e.g. maiden name: | | | |  | List aliases and any previous names (e.g. maiden name: | | | |
|  | | | |  |  | | | |
|  | | | |  |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Home Address** | |  | | | | |
| **County** | New Castle  Kent  Sussex | | | | **Home Phone** |  |
| **When did you move into your current residence?** | | | |  | | |
| **Do you own or rent your home?**  Own  Rent **If you rent, please list landlord’s information below:** | | | | | | |
| **Name and Phone:** | | |  | | | |
| **Address:** | |  | | | | |
| *Your landlord will be required to submit a letter of approval for foster children to reside in your home.* | | | | | | |

**List ALL previous addresses for the past FIVE YEARS (add additional page if you need more space):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant A** | |  | **Applicant B** | |
| **Address** | |  | **Address** | |
| From (Month/Year): | To (Month/Year): |  | From (Month/Year): | To (Month/Year): |
|  |  |  |  |  |
| **Address** | |  | **Address** | |
| From (Month/Year): | To (Month/Year): |  | From (Month/Year): | To (Month/Year): |
|  |  |  |  |  |
| **Have you lived outside of Delaware in the past five years?**  Yes  No | |  | **Have you lived outside of Delaware in the past five years?**  Yes  No | |
| ***You MUST complete a background check for any state you lived in during the past five years.*** | | | | |

**BACKGROUND CHECK**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant A** | | |  | **Applicant B** | | |
| **Delaware Fingerprinting** | | |  | **Delaware Fingerprinting** | | |
| Done  Scheduled: |  | |  | Done  Scheduled: |  | |
| **Out of State Background Check** | | |  | **Out of State Background Check** | | |
| N/A  Done  Submitted (date): | |  |  | N/A  Done  Submitted (date): | |  |

***NOTE: Any person age 18 or older living in the home MUST also be fingerprinted for Delaware and complete a background check for any state they lived in during the past five years.***

**FAMILY STATUS (add additional page if you need more space):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of Children** | **DOB** | **How they entered the family (birth, adoption, guardianship etc.)** | **Does he/she currently live in the home?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**HOME COMPOSITION (add additional page if you need more space):**

|  |  |  |
| --- | --- | --- |
| **Others in Home (Name)** | **DOB** | **Relationship** |
|  |  |  |
|  |  |  |

**MEDICAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant A** | |  | **Applicant B** | |
| **Name of Physician** | |  | **Name of Physician** | |
|  | |  |  | |
| **Address and Phone** | |  | **Address and Phone** | |
|  | |  |  | |
| **Date of Last Physical** |  |  | **Date of Last Physical** |  |

***NOTE: Medical forms MUST be submitted for EVERY person living in the home.***

**TRANSPORTATION**

|  |
| --- |
| **Do you have a vehicle(s) you will use to transport children?**  Yes  No |
| **If not, what form of transportation do you use?** |

**APPLICANT A**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | **DOB** |  | | **SSN** | | |  | | |
| **Birthplace (City and State)** | | | | | **Race/Ethnicity** | | | | | | **Religious Affiliation** | | | |
|  | | | |  |  | | | | |  |  | | | |
| **Highest Level of Education Completed (if college, list degree)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Current Occupation** | | |  | | | | | | | | | | | |
| **Current Employer** | |  | | | | | | **Hire Date** | | |  | | **Salary** |  |

**Previous Employment** (Please list previous places of employment; add an additional page if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Position** | **Length of Employment** | **Reason for Leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Marital Status and History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Married** | | **Separated** | **Divorced** | | **Widowed** | |
| **If currently married, list date and location of ceremony:** | | | | | | |
|  | | | | | | |
| **If previously married:** | **Name of Spouse** | | | **Date of Marriage/ Civil Union** | | **Date of Termination** |
| **Marriage #1** |  | | |  | |  |
| **Marriage #2** |  | | |  | |  |
| *Use additional pages if necessary.* | | | | | | |

**Previous Foster Care Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever been a foster parent?** | **Yes  No If yes, provide details below:** | | |
| **Name and Address of Agency** | **From (Month/Year)** | **To**  **(Month/ Year)** | **Reason for Leaving** |
|  |  |  |  |
|  |  |  |  |

**Criminal History**

|  |
| --- |
| **Have you ever been convicted of any charge other than a minor traffic violation?  Yes  No** |
| **If yes, please explain; include dates.** |

**APPLICANT B**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | **DOB** |  | | **SSN** | | |  | | |
| **Birthplace (City and State)** | | | | | **Race/Ethnicity** | | | | | | **Religious Affiliation** | | | |
|  | | | |  |  | | | | |  |  | | | |
| **Highest Level of Education Completed (if college, list degree)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Current Occupation** | | |  | | | | | | | | | | | |
| **Current Employer** | |  | | | | | | **Hire Date** | | |  | | **Salary** |  |

**Previous Employment** (Please list previous places of employment; add an additional page if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Position** | **Length of Employment** | **Reason for Leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Marital Status and History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Married** | | **Separated** | **Divorced** | | **Widowed** | |
| **If currently married, list date and location of ceremony:** | | | | | | |
|  | | | | | | |
| **If previously married:** | **Name of Spouse** | | | **Date of Marriage/ Civil Union** | | **Date of Termination** |
| **Marriage #1** |  | | |  | |  |
| **Marriage #2** |  | | |  | |  |
| *Use additional pages if necessary.* | | | | | | |

**Previous Foster Care Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever been a foster parent?** | **Yes  No If yes, provide details below:** | | |
| **Name and Address of Agency** | **From (Month/Year)** | **To**  **(Month/ Year)** | **Reason for Leaving** |
|  |  |  |  |
|  |  |  |  |

**Criminal History**

|  |
| --- |
| **Have you ever been convicted of any charge other than a minor traffic violation?  Yes  No** |
| **If yes, please explain; include dates.** |

**FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| **INCOME SOURCE** | **MONTHLY INCOME** |
| **Applicant A: Employment** (Provide copy of W2, Pay Stubs, Income Tax Form) | **$** |
| **Applicant B: Employment** (Provide copy of W2, Pay Stubs, Income Tax Form) | **$** |
| **Property Income** | **$** |
| **Investment Income** | **$** |
| **Other Income** (i.e. Social Security, Child Support, Foster Care / Adoption Assistance) | **$** |
| **GROSS INCOME BEFORE TAXES** | **$** |
| **NET INCOME AFTER TAXES** | **$** |
| **EXPENSES** | **MONTHLY PAYMENT** |
| **Mortgage or  Rent** (Attach previous month’s mortgage statement if applicable) | **$** |
| **Loans** | **$** |
| **Credit Cards** | **$** |
| **Additional Debt (specify):** | **$** |
| **Gas and/or Electric** | **$** |
| **Heating Oil** | **$** |
| **Cell Phone** | **$** |
| **Cable Television / Home Telephone** | **$** |
| **Groceries and Household Expenses** (Cleaning Products, Hygiene Products, etc.) | **$** |
| **Daycare** | **$** |
| **Automobile Payments** | **$** |
| **Automobile Insurance** (Provide proof of insurance and copy of driver’s license) | **$** |
| **Additional Expenses** (Clothing, Entertainment, Medical, Life Insurance, etc.) | **$** |
| **MONTHLY EXPENSES** | **$** |
|  | |
| **TOTAL INCOME** (Subtract **Monthly Expenses** from **Net Income**) | **$** |

|  |  |
| --- | --- |
| **Have you ever declared bankruptcy?  Yes  No If yes, date:** |  |
| **Do you anticipate any future financial changes? If yes, please specify:** | |
| **Foster Care payments are typically made at least six weeks after a child has been placed. How will you cover the child’s expenses before you receive payment? What if there is a delay?** | |

**ADDITIONAL INFORMATION**

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Relationship** |  |  |  |

**Application Packet**

**You must include the following documents along with your application:**

**Proof of Car Insurance (if applicable)**

**Driver’s License (each applicant)**

**Autobiography (each applicant)**

**Two Recent Pay Stubs (each applicant; if applicable)**

**Previous year’s W2 (each applicant)**

**Previous year’s Income Tax Form(s)**

**Previous month’s mortgage statement (if applicable)**

**Previous month’s electric bill**

**List of References**

**NOTE: Information contained in this application and accompanying documents is held in confidence by the Division of Family Services and agencies contracted by the Division, including Prevent Child Abuse Delaware and A Better Chance for Our Children. This information will be used to complete the assessment process and may be included in your Foster Family Assessment report.**

**Please submit this application and additional documents to your trainer before the last class.**

**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant A** |  | **Date** |  |
| **Applicant B** |  | **Date** |  |

**Foster Care Application**

**List of References**

Please list four people who have known you for at least three years and who are willing to provide you with a reference for this process. One reference must be a neighbor or regular visitor to your home. Only one of the references can be related by blood or marriage.

**You MUST provide all of the information requested; you may not leave anything blank.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference #1** | | | | |
| **Name** |  | | **Relationship** |  |
| **Address** |  | | | |
| **Phone** |  | **Email** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference #2** | | | | |
| **Name** |  | | **Relationship** |  |
| **Address** |  | | | |
| **Phone** |  | **Email** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference #3** | | | | |
| **Name** |  | | **Relationship** |  |
| **Address** |  | | | |
| **Phone** |  | **Email** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference #4** | | | | |
| **Name** |  | | **Relationship** |  |
| **Address** |  | | | |
| **Phone** |  | **Email** |  | |