



**APPLICATION TO FOSTER**

**DATE:** \_\_\_\_\_

PLEASE PRINT USING BLACK OR BLUE INK AND ATTACH ADDITIONAL PAGES AS NEEDED.

**Type of Application**       **Initial**       **Re-Approval**

<b>Name</b>	Last	First	Middle	Last	First	Middle
	Aliases, Maiden Name, Previous Married Name			Aliases, Maiden Name, Previous Married Name		
<b>Residence</b>	House #	Street	City	County	State	Zip
	Phone					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Bedrooms	<input type="checkbox"/>	Own <input type="checkbox"/>
	House Rent	Apartment	Mobile Home			
<b>If Married</b>	Date of Marriage			Place of Marriage		
	<b>Applicant 1</b>			<b>Applicant 2</b>		
<b>Birth Date &amp; Place</b>						
<b>U.S. Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If Naturalized</b>	Date		Serial	Date		Serial
	Number			Number		
<b>Nationality/Descent</b>						



<b>Religious Preference</b>		
<b>Church Affiliation</b>		
<b>Previous Marriage(s) (List All)</b>	Date	Place
	Date	Place
	How	Date
	Place	Date
<b>Terminated</b>	How	Place
	<b>Applicant 1</b>	<b>Applicant 2</b>
<b>Education</b>	High School	High School
	College Other	College Other
<b>Employment</b>	Occupation	Occupation
	Employer	Employer
	Address Phone Number	Address Phone Number
	Length of Present Employment	Length of Present Employment
	Social Security #	Social Security #
<b>Applicant's Children &amp; Other Household Members</b>	Name/ Relationship	DOB
		Grade Completed
	1.	
	2.	



	3.												
	4.												
<b>Specific Serious or Chronic Illness of Any Household Member</b>	<table border="1"> <thead> <tr> <th>Name</th> <th>Age When Occurred</th> </tr> </thead> <tbody> <tr> <td>Condition/Diagnosis</td> <td></td> </tr> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> </tbody> </table>	Name	Age When Occurred	Condition/Diagnosis		1.		2.		3.		4.	
	Name	Age When Occurred											
	Condition/Diagnosis												
	1.												
	2.												
3.													
4.													
<b>Applicant's Children Not in Home &amp; Where They Live</b>													
<b>References:</b>	<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Phone Number</td> <td></td> </tr> </tbody> </table>	Name	Address	Phone Number									
Name	Address												
Phone Number													
<b>Three Unrelated References</b>													
<b>Employer or Supervisor of each Applicant</b>													
<b>Friend</b>													



<b>Minister, if any</b>			
Length of Residence in Alabama	How long do you expect to reside in Alabama?		
<p>Have you applied for a child with any other agency?    No        Yes</p> <p>If Yes, provide the Agency's name, address, and date applied.</p> <p>Name/Address: _____ Date: _____</p>			
<p>Have you previously fostered?    No        Yes</p> <p>If Yes, provide the Agency's name, address, and date applied.</p> <p>Name/Address: _____ Date: _____</p>			
<p>Reasons and/or Motivation to Foster</p>			
Child/Children Desired	How Many?	Age(s)	Sex

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_



Applicant's Signature

Date

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Witness Signature

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Date