

# ALLIANCE HUMAN SERVICES, INC.

## FOSTER HOME APPLICATION

Caregiver 1 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Caregiver 2 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Caregiver 1 SSN: \_\_\_\_\_ Caregiver 2 SSN: \_\_\_\_\_

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

Location Address: \_\_\_\_\_

City or County of Residence: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Caregiver 1 (Cell) \_\_\_\_\_ Caregiver 1 (Email) \_\_\_\_\_

Caregiver 2 (Cell) \_\_\_\_\_ Caregiver 2 (Email) \_\_\_\_\_

Directions to Home: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ Length of time at current address: \_\_\_\_\_

Describe the relationship between Caregiver 1 and Caregiver 2: \_\_\_\_\_

### **Members of Household**

#### **Children (Name, Date of Birth)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

#### **Adults (Name, Date of Birth, Relationship)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

#### **Pets (Name, Type, Breed, Age)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Members of the family not living in the household (*include name, relationship, date of birth, phone number, and address*):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Frequent house guests (*include name, relationship, date of birth, phone number, and address*):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Education (Caregiver 1)**

School/College attended	Location	Dates of attendance	Area of study	Was the program completed?
		Started ___/___/___ Ended ___/___/___		
		Started ___/___/___ Ended ___/___/___		

**Education (Caregiver 2)**

School/College attended	Location	Dates of attendance	Area of study	Was the program completed?
		Started ___/___/___ Ended ___/___/___		
		Started ___/___/___ Ended ___/___/___		

### Employment History (Caregiver 1)

Current Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Are you receiving any type of government assistance? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify: \_\_\_\_\_

If you are on disability, please specify what type: \_\_\_\_\_

Dates of previous employment (Start with most recent)	Company name and address	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

### Employment History (Caregiver 2)

Current Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Are you receiving any type of government assistance? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify: \_\_\_\_\_

If you are on disability, please specify what type: \_\_\_\_\_

Dates of previous employment (Start with most recent)	Company name and address	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

## Previous In-Home Care Experience

Have you provided in-home care in the past?  Yes  No

Dates of in-home care (Start with most recent)	City/County	Caseworker name and phone number	Company name and address	Reason for ending foster care
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

Are you currently providing care of an adult or child in your home?  Yes  No

Do you currently have a licensed foster care home in this state?  Yes  No

If yes, what is the expiration date of your license? \_\_\_\_\_

Have you applied to another child or adult placing agency in the past?  Yes  No

If yes, please list ALL agencies to which you have applied.

Date of application (Start with most recent)	County	Company name, address and phone number	Was a home study completed?
___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Military History

Did Caregiver 1 or Caregiver 2 serve in the military?  Yes  No

If so, who? \_\_\_\_\_

Branch of the military: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

If not honorable, please provide reasons for discharge: \_\_\_\_\_

**Personal Information**

How did you hear about our agency? \_\_\_\_\_

What are your reasons for wanting to become foster parents? \_\_\_\_\_

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

Are you willing to adopt? \_\_\_\_\_

What experience have you had with children? \_\_\_\_\_

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

Please describe the type of child or children you and members of your household, when applicable, would prefer to have in foster care. Include in your description such factors as *age, sex, race, intellectual ability, and acceptable behavior*. Indicate reasons for your preferences.

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

What available bed space do you have?

\_\_\_\_\_

Please describe your hobbies, special interests, and community activities.

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

Please list the organizations or groups you belong to: \_\_\_\_\_

Please list any volunteer work you do: \_\_\_\_\_

What is your Religious/Denominational Affiliation? \_\_\_\_\_

Do you have a Tribal Affiliation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please specify \_\_\_\_\_

Is Caregiver 1 CPR Certified? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when does it expire? \_\_\_\_\_

Is Caregiver 2 CPR Certified? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when does it expire? \_\_\_\_\_

Do you speak or read any languages in addition to English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Are you or a member of your family currently being treated for a physical illness?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have a history of mental illness in your family? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was treatment provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you or a member of your family currently being treated for a mental illness?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are any members of the household currently taking medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you or a member of your family ever been convicted of any crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you or a member of your family ever been accused of physical abuse, emotional abuse, sexual abuse or neglect of a child or adult? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have firearms or any other weapons in your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Marital History**

Date of marriage: \_\_\_\_\_

Names and ages of children from current marriage: \_\_\_\_\_

\_\_\_\_\_

Have either of you previously been married? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide the dates of the marriage and reason for termination of marriage:

\_\_\_\_\_

\_\_\_\_\_

Names and ages of children from previous marriage: \_\_\_\_\_

\_\_\_\_\_

If you are not currently married, are you living with a significant other? \_\_\_\_ Yes \_\_\_\_ No

**Transportation**

Do you own a car? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide the year, make, model of vehicle: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have automobile insurance? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide the current insurance policy and number: \_\_\_\_\_

\_\_\_\_\_

**Schools**

**Schools in your District**

**Grade levels**

**Distance from your home**

Schools in your District	Grade levels	Distance from your home

Please provide the prior addresses and dates for the past five years, if more space is needed, please attach a separate sheet. If a couple, this is required for both applicants.

Name at time of residency: \_\_\_\_\_

Dates: \_\_\_\_\_

Street Number and Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Name at time of residency: \_\_\_\_\_

Dates: \_\_\_\_\_

Street Number and Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Name at time of residency: \_\_\_\_\_

Dates: \_\_\_\_\_

Street Number and Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Name at time of residency: \_\_\_\_\_

Dates: \_\_\_\_\_

Street Number and Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Name at time of residency: \_\_\_\_\_

Dates: \_\_\_\_\_

Street Number and Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_



## Personal References

Please provide the names of three persons who are not related to you whom the agency may contact for a personal reference.

### Caregiver 1

	<u>Name</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

### Caregiver 2

	<u>Name</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

## Emergency Contact

Person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for dismissal.

I also authorize investigations of all statements contained in the application.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide services and that refusal to inform Alliance Human Services, Inc. of the contents of a criminal record will result in the automatic denial of the application. My signature indicates that I have read and understand the above.

I understand that I must successfully complete the Alliance Human Services, Inc. Pre-Service Orientation before I can be approved as a Foster Parent and have a client placed with me.

I understand that I can withdraw from the application process at any time before licensing or approval takes place and that a license will not be granted if I withdraw. I also understand that Alliance Human Services, Inc. can stop the application process at any time before licensing or approval.

I understand that Alliance Human Services, Inc. has *ZERO TOLERANCE FOR ABUSE* and takes all allegations of abuse seriously. I further understand that Alliance Human Services, Inc. cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of clients is grounds for immediate dismissal and possible criminal charges.

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a child or an adult and that I have never been accused of these acts.

Caregiver 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:  
Alliance Human Services, Inc.**

**341 Main Street,  
Suite 301  
Danville, VA 24541**

**701 Thomas Road,  
Suite 112  
Lynchburg, VA 24502**

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I have reviewed this application and have noted any missing information

Recruiter Signature: \_\_\_\_\_ Date: \_\_\_\_\_