



Prospective Caregiver Application

BE THE BLUEPRINT FOR A CHILD'S LIFE

WELCOME!

Welcome, prospective caregiver!

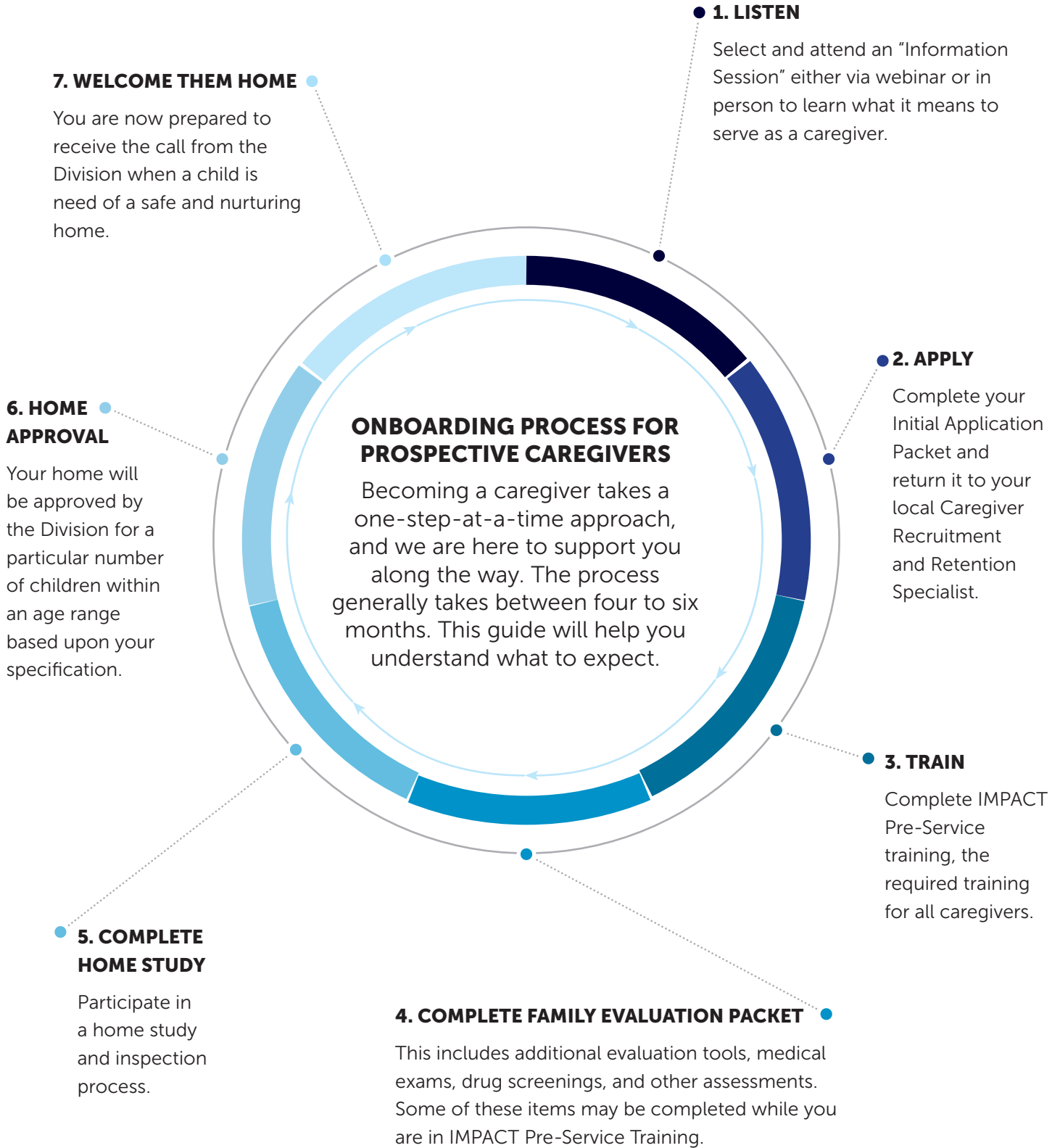
Thank you for your expressed interest in serving Georgia's children. Enclosed in this packet are a few forms that we need you to complete to initiate the approval process. A Caregiver Recruitment and Retention Specialist from your region should be contacting you within 7-10 business days. They will collect this completed packet from you and provide you with additional information regarding next steps, as well as answer any additional questions.

We look forward to partnering with you. Thank you for making the decision to

Change the BLUEPRINT of a child's life!

The Division of Family & Children Services

ONBOARDING PROCESS FOR PROSPECTIVE CAREGIVERS



Please visit our website at fostergeorgia.com to learn more about our caregiver types, information sessions, and upcoming IMPACT Pre-Service Training dates in your area.

Prospective Caregiver Application

Thank you for your interest in being a resource for children and families.

Primary Caregiver: _____

Secondary Caregiver (if applicable): _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Primary Email: _____

Secondary Phone: _____ Secondary Email: _____

To which program are you applying?

- Partnership Parenting
- Resource Parenting
- Respite Family
- Adoption
- Undecided
- Volunteer Only

What prompted you to inquire about the program?

Have you fostered or adopted in the past? No Yes (If yes, where and when?)

Are you currently approved with an agency? No Yes (If yes, which agency?)

Marital Status

- Single
- Co-habiting
- Married (If married, please provide date and location of marriage)
Date married: _____ Location: _____

Primary caregiver identifying information

Full name: _____

Date of birth: _____ Gender: _____ Social Security Number: _____

Race / Ethnicity:

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other (Specify): _____

Highest level of education: _____ Languages spoken: _____

List any previous marriages. Include dates and how the marriage ended.

Primary caregiver employment information

Primary caregiver's occupation: _____ Length of time employed: _____

Employer name: _____ Employer phone number: _____

Employer address: _____

Annual income: _____

List your previous five employers and reasons for leaving:

Please list any additional sources of income:

Secondary caregiver Identifying Information

Full name: _____

Date of birth: _____ Gender: _____ Social Security Number: _____

Race / Ethnicity:

- White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other (Specify): _____

Highest level of education: _____ Languages spoken: _____

List any previous marriages. Include dates and how the marriage ended.

Secondary caregiver employment information

Secondary caregiver's occupation: _____ Length of time employed: _____

Employer name: _____ Employer phone number: _____

Employer address: _____

Annual income: _____

List your previous five employers and reasons for leaving:

Please list any additional sources of income:

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Other household members

Please complete the following information for any persons 18 or older residing in your home. Background checks are conducted on all adults living in the home.

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Sex: _____

Race/Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital status: _____ Date married (if applicable): _____

Role in home: _____

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Sex: _____

Race/Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital status: _____ Date married (if applicable): _____

Role in home: _____

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Sex: _____

Race/Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital status: _____ Date married (if applicable): _____

Role in home: _____

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Sex: _____

Race/Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital status: _____ Date married (if applicable): _____

Role in home: _____

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Do you operate a home-based business? Yes No Do clients regularly visit? Yes No N/A

Do you have, or plan to acquire, a child care license or provide day care? Yes No

Do you operate a licensed personal care home? Yes No

Children

Name: _____ Age: _____ Date of birth: _____ Sex: _____ Grade: _____

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Name: _____ Age: _____ Date of birth: _____ Sex: _____ Grade: _____

List the names of your children (biological or other), minor or adult, not residing in home. And if they visit your home, how often?

[Empty text box for listing children and visit frequency]

What are the best days / times to contact you?

[Empty text box for contact information]

What are the best days / times for home visits?

[Empty text box for home visit information]

What days / times are you available for pre-service training?

[Empty text box for pre-service training availability]

Do you have current CPR / First Aid Certification? Yes No

Use the space below to provide any comments, questions or additional household member information.

[Empty text box for comments and household member information]

Primary caregiver signature

Date

Secondary caregiver signature

Date