Prospective Caregiver Application

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

Primary Caregiver: _____

Secondary Caregiver (if applicable): _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Primary E-mail: _____

Secondary Phone: _____ Secondary Email: _____

For which program are you applying?

☐ Partnership Parenting ☐ Resource Parenting ☐ Adoption

What prompted you to inquire about the program?

_____

_____

Have you fostered or adopted in the past?

☐ No ☐ Yes (Where and When?) _____

Are you currently approved with an agency?

☐ No ☐ Yes (Which agency?) _____

Primary and Secondary Caregiver Identifying Information

Primary Caregiver's Social Security Number: _____ Race: _____

Date of Birth: _____ Age: _____

Occupation: _____ Employer: _____

Other Source of Income: _____

Secondary Caregiver's Social Security Number: _____ Race: _____

Date of Birth: _____ Age: _____

Occupation: _____ Employer: _____

Other Source of Income: _____

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 daycare? ☐ Yes ☐ No

Children: Please list household members under age 18 years living in your home:

Name	Age	Date of Birth	Sex	Grade

List your children not living with you:

Name	Age	Date of Birth	Sex	Grade

Other Adults in the Household Age 18 years and older:

Name	Age	Date of Birth	Sex

Background screenings are conducted on all adults living in the home.

Screenings include fingerprint check, CPS, Sexual Offenders Registry, Pardons and Parole, Department of Corrections, the child abuse and neglect registry in any other state that any adult household member over eighteen has resided in within the past five years and completion of a health exam.

What are the best times / days to contact you?

What days/ times are you available for home visits?

What days /times are you available to participate in pre-service training?

Do you have current CPR/1st Aid certification? ☐ Yes ☐ No

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

Primary Caregiver Signature: Date:

Secondary Caregiver Signature: Date: