GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

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 ☐ Adoption Legal Risk ☐ Adoption

☐ Relative Partnership Parenting ☐ Respite Family ☐ Undecided About Previous Options

☐ Volunteer Only ☐ I do not wish to apply

Why is now a good time for your family to foster / adopt?

_____

_____

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-habitating ☐ 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

☐ Asian / Pacific Islander ☐ Other (Specify): ☐ Native American or American Indian

Primary Caregiver identifying information continued next page

Highest level of education: _____ Languages spoken: _____

Have you lived in any other state in the past five years? ☐ No ☐ Yes (If yes, please list states below)

_____

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

_____

Primary Caregiver employment information

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

Annual 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: _____

Have you lived in any other state in the past five years? ☐ Yes ☐ No Yes (If yes, please list states below)

_____

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

_____

Secondary caregiver employment information (if applicable):

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

Annual income: _____

CPR Certification

Primary Caregiver: Do you have current CPR / First Aid Certification? ☐ Yes ☐ No

Expiration date *(if you have a current Certification):* _____

Secondary Caregiver: Do you have current CPR / First Aid Certification? ☐ Yes ☐ No

Expiration date *(if you have a current Certification):* _____

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: _____ Gender: _____

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: _____ Gender: _____

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: _____

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? ☐ Yes ☐ No

Do you operate a licensed personal care home? ☐ Yes ☐ No

Children

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

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

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

Name: _____ Age: _____ Date of birth: _____ Gender: _____ 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?

_____ _____

_____ _____

_____ _____

What are the best days / times to contact you?

_____

What are the best days / times for home visits?

_____

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

_____

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

_____

_____

_____

_____ _____ _____ _____

Primary Caregiver Signature Date Secondary Caregiver Signature Date

Department of Human Services/Office of Inspector General

LIVE SCAN APPLICATION FORM
AUTHORIZED SIGNATURES ARE REQUIRED
APPLICANT MUST PRESENT VALID GOVERNMENT-ISSUED PHOTO ID

To be completed by Electronic Fingerprint Technician			
Date Received:		OIG EFT Office:	
Form of I.D. Presented:		Live Scan Date:	
ORI Number Used:		EFT Signature:	

To be completed by DHS Authorized Official	
Date of Request:	
DFCS Case Number:	
Impact Request Number:	
Child Placement Requesting DFCS Office:	
Authorizing Authority (Print):	
Authorizing Authority **Signature:**	
Authorizing Authority Email Address:	
Purchase Order number:	
County to Charge/Finance Code:	
Point of Contact:	
ONLY ONE (1) REASON CAN BE CHOSEN:	**DFCS:** ☐ **Foster** ☐ **Adopt** ☐ **CPS Investigation** ☐ **5 Year Foster Renewal** ☐ **Child Care-Volunteer** ☐ **Purpose Code X** **(Approval from CJIS On-Call Team)**
Comments:	

To be completed by Applicant (PLEASE PRINT)			
LAST NAME	**FIRST**	**MIDDLE INTIAL**	
Address 1:			
Address 2:			
City:			
County:			
State:		Zip Code:	
Telephone**:**			
U.S. Citizen: **YES** ☐ **NO** ☐			
If **NO**, country of citizenship:			
Social Security #:			
Date of Birth:			
Place of Birth (STATE or COUNTRY):			
Race:		Sex:	
Height:		Weight:	
Eye Color:		Hair Color:	

☐ **I understand and have been informed that an FBI/NCIC and GBI/GCIC background check will be conducted.**

☐ **I have been <u>provided written notice</u> of the Applicants Privacy Rights and the Privacy Act Statement. Title 28 CFR 16.30 through 16.34.**

Signature _____ **Date** _____

Applicant Signature (Required):	**Applicant Printed Name:**