Adult and Child Center, Inc THERAPEUTIC FOSTER HOME APPLICATION Additional Information Page 1

EMPLOYMENT INFORMATION:

INFORMATION		PARENT 1	PARENT 2	Other Information
Are you employed at this time?		Yes / No	Yes / No	
How many hours do you work ea	ach week?			
What is your occupation title?				
Place of Employment:				
What is your employers address?				
What is your telephone number a	What is your telephone number at work?			
How long have you been at this job?				
How did you hear about Adult an	d Child?			
Why did you select us to apply for		ensing?		
List all persons, other that children)				
Name/Date of Birth	<u>Gender</u>	Relation to Family	Grade/Occupation	Place of Birth
List your other children <u>n</u>	ot living with yo	ս (include adult and ւ	minor children)	
Name/Date of Birth	<u>Gender</u>	Relation to Family	Grade/Occupation	Place of Birth
	1		+	
			+ +	

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Are there any custody arrangeme	ents for any	Yes / No	Yes /	No	
child under 18 above?					
If there are, please discuss the a	rrangements				
Does your family have any hobbi	es?	Yes / No	Yes /	No	
Please list all activities that your f					
engage in					
LEGAL INFORMATION:					
A criminal history check is r	equired on all fo	ster applicants as v	vell as individua	ls living th	he your home who
are 14 years and older.	•			_	·
			PAREN	NT 1	PARENT 2
Has <u>any</u> household member eve					
of any law including but not limited to DUI, DWI, Crimes against				No	Yes / No
children, theft or burglary, check	deception, or violent	crimes?	Yes /	INO	TES / INU
If yes, please explain?					
Has <u>any</u> household member eve	r been reported for	allegations of			
child abuse and/or neglect?				No	Yes / No
If yes, please explain?		<u> </u>			
Has <u>any</u> household member eve	r been a victim of pl	nysical or sexual			
abuse and/or child neglect?		Yes /	No	Yes / No	
If yes, please explain?					
		ency Attestation S			
Please provide us with each city/		during the past 10 year	rs. Please include	the dates a	as well. If you can't
specific dates, month and year w Parent 1	rill be fine.	D	rent 2		
City/State	Dates resided	City/State	Dates resi	ded ott	her information
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Please list six (6) <u>non-relatives</u> that we will contact, who have known your family for at least three (3) Years. References DO NOT need to reside in Indiana. They may live in any of the continental United States. **REFERENCES MUST INCLUDE FULL/COMPLETE ADDRESSES. REFERENCES WITHOUT ADDRESSES OR THAT ARE NOT LEGIBLE WILL NOT BE ATTEMPTED.**

Name	Full address (including zip code)	Relationship	Phone number			
By signing this form, you are indicating that the above information is true, to the best of your knowledge.						
Signature of Parent 1			Date			
Signature of Parent 2	Date					