

Adult and Child Center, Inc
THERAPEUTIC FOSTER HOME APPLICATION
Additional Information
Page 3

Please list six (6) non-relatives 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

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Signature of Parent 2

Date

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