National Center for Children and Families
Innovative Family Connections
Foster Parent Licensing

Adoption & Foster Care Application

I am interested in *(please check one)*:

- ☐ Foster care
- ☐ Kinship care
- ☐ Adoption

Are you currently, or have you ever been a foster or adoptive parent? _____
- If so, when? _____ what agency? _____

Applicant #1 Name:	**Date of Birth**	**Male/Female**
First Name *MI* *Last Name*		
Applicant #2 Name:	**Date of Birth**	**Male/Female**
First Name *MI* *Last Name*		
Address: *Street* *Apt #* *City/State* *Zip Code*	**How long have you lived at this address?**	**Number of bedrooms in your home?**

Applicant #1		**Applicant #2**	
Place of Birth:		**Place of Birth:**	
Social Security Number:		**Social Security Number:**	
Religion:		**Religion:**	
Highest Grade Completed:		**Highest Grade Completed:**	
Email Address:		**Email Address:**	
Work Phone Number:		**Work Phone Number:**	
Cell #	**May we text information to you?** ☐ **Yes** ☐ **No**	**Cell #**	**May we text information to you?** ☐ **Yes** ☐ **No**

Children at Home

	Name	DOB	Gender	Relationship
A.				
B.				
C.				
D.				
E.				

Others in Home

	Name	DOB	Gender	Relationship
A.				
B.				
C.				
D.				
E.				

Marital Status

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Dom. Partner ☐ Widowed ☐ LGBT Individual/Family

If married, date of marriage _____

Criminal History

Do you or anyone in your household have a trial pending for any charge? ____yes ___no

- If yes, please explain: _____

_____

Have you or anyone in your household ever been convicted of a crime? ____yes ___no

- If yes, please explain: _____

_____

Are you or anyone in your household currently on probation or parole? ____yes ___no

- If yes, please explain: _____

_____

Have you or anyone in your household ever been investigated for child abuse or neglect? ____yes ___no

- If yes, please explain: _____

Medical History

- Does either parent have any health condition for which you are or have recently received treatment? If yes, please explain below:

Applicant # 1	**Applicant #2**
☐ Yes ☐ No	☐ Yes ☐ No

Additional Information

Would you consider fostering or adopting any of the following?:

- ☐ Children with special medical/emotional needs
- ☐ Teenage mothers and their children
- ☐ LGBTQ Youth

Do you currently care for an adult who requires assistance with 3 or more activities of daily living?

- ☐ Yes
- ☐ No
  - If yes, please explain: _____

Comments/Remarks

_____

_____

_____

I attest to the best of my knowledge that all of the above information is correct and complete.

Signed: _____ Date: _____
Prospective Kinship/Foster/Adoptive Parent

Signed: _____ Date: _____
Prospective Kinship/Foster/Adoptive Parent

Please return this application to the recruiter during orientation fax or mail to:

National Center for Children and Families
Innovative Family Connections Adoption & Foster Care Division
1438 Rhode Island Ave, NE
Washington, DC 20018
Fax: (202) 543-4508
For more information call: (202) 543-3217