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STATE OF IDAHO
CHILD AND FAMILY SERVICES
FAMILY FOSTER CARE/ADOPTION APPLICATION

Section A. Identifying Information and Release/Consent

Applying for	☐ Adoption ☐ Family Foster Care ☐ Both Foster Care and Adoption		
Applicant(s)			
Address			
Mailing address (if different than above)			
E-mail address		Home Phone	
Cell/msg phone	Applicant1:	Work phone1	
Cell/msg phone	Applicant 2:	Work phone2	

I/we hereby make application to adopt and/or for a license to provide foster care to children placed in my home by the Idaho Department of Health and Welfare.

I/we give consent for the Idaho Department of Health and Welfare foster care licensing and/or adoption units to seek relevant information from the references and physician(s) named herein.

I/we hereby authorize my references and physician(s) to release information pertinent to my/our ability to provide care to children. I/we understand this information will be used only for the determination of suitability to adopt and/or for a foster care license and that any and all information will be kept confidential.

I/we understand that we will be required to complete a criminal history background check which includes being fingerprinted.

I/we understand that this application is an expression of interest and may be withdrawn by me/us at any time.

By my signature, I certify the information given in this application is, to the best of my knowledge, true and correct.

Applicant signature		Date	
Applicant signature		Date	

Section B. Life History

Applicant 1	
Other names used (if applicable)	
Race/ethnicity	☐ White ☐ Hispanic ☐ African-American ☐ Indian ☐ Asian
If Indian, are you a tribal member? ☐ Yes ☐ No If yes, what tribe?	
Have you resided outside the State of Idaho in the last 5 years? If so, please list, including date and complete addresses.	○ Yes ○ No
Marital status	☐ single ☐ married ☐ separated ☐ divorced ☐ widowed
Date of Marriage	Place of Marriage
Date of Divorce	
Please rate your general health	☐ good ☐ fair ☐ poor
Do you have health problems?	☐ yes ☐ no
If yes, please explain:	
Have you ever been arrested?	☐ yes ☐ no
If yes, please explain:	
Have you ever been the subject of a child or adult protection investigation?	☐ yes ☐ no
If yes, please explain:	
Have you ever been a licensed foster parent or adopted a child before?	☐ yes ☐ no
If yes, when and where?	
Do you possess a valid driver's license and current auto insurance?	☐ yes ☐ no

Applicant 2	
Other names used (if applicable)	
Race/ethnicity	☐ White ☐ Hispanic ☐ African-American ☐ Indian ☐ Asian
If Indian, are you a tribal member? ☐Yes ☐No If yes, what tribe?	
Have you resided outside the State of Idaho in the last 5 years? If so, please list, including date and complete addresses. ☐Yes ☐No	
Marital status	☐single ☐married ☐separated ☐divorced ☐widowed
Date of Marriage	Place of Marriage
Date of Divorce	
Please rate your general health	☐ good ☐ fair ☐ poor
Do you have health problems?	☐ yes ☐ no
If yes, please explain:	
Have you ever been arrested?	☐ yes ☐ no
If yes, please explain:	
Have you ever been the subject of a child or adult protection investigation?	☐ yes ☐ no
If yes, please explain:	
Have you ever been a licensed foster parent or adopted a child before?	☐ yes ☐ no
If yes, when and where?	
Do you possess a valid driver's license and current auto insurance?	☐ yes ☐ no

Section C. Home and Environment

Does anyone else live in your home (i.e., children, relatives, roomates)? ☐ yes ☐ no

Last name	First name	DOB	Gender	Relationship to applicant(s)

List schools a foster/adoptive child living with you would attend (elementary, Jr. High/ middle, Senior High:

Are you applying to care for a specific child(ren)? ☐ yes ☐ no
Please note the full name(s) and your relationship. (see note below)

Last name	First name	DOB	Gender	Relationship to child

(**Note**: children must be in the care of the Department of Health and Welfare; we **do not** license homes for children that may possibly come into care)

Is your residence: ☐ owned ☐ rented ☐ other (explain)

Please describe room where foster child(ren) will sleep. Will the child be sharing a room? If so, with whom?

Is there anything about your home, yard or neighborhood that could be dangerous to children (i.e.: animals, trampoline, irrigation canals, swimming pools, etc.)? If yes, please describe:

Do you possess any firearms? ☐ yes ☐ no

If yes, where are the firearms located?

If yes, how are the firearms secured?

Section D. Financial Statement

Do you have sufficient income to maintain your family home without a monthly foster care payment and/or an adoption subsidy? ☐ yes ☐ no

		Applicant 1	Applicant 2
Employment	Current employment		
	Net Monthly Income		
	May we contact you at work?	☐ yes ☐ no	☐ yes ☐ no

Assets/Liabilities	Total Bank Account Balances	
	Total Assets (Value of home, cars, etc.)	
	Total of All Debts Owed	

Monthly Payments	Mortgage/Rent	
	Utility Costs	
	Other Fixed Monthly Expenditures	
	Other (specify)	

Section E. Family Autobiographies

Each applicant is asked to complete a written autobiography according to the outline below. Husbands and wives are asked to complete their own autobiography. If you can be as complete as possible in preparing these, this will have several advantages. It will help prepare you for what will be discussed in the home study. It will also help your social worker get to know you more quickly and know what questions are essential to ask.

Do you need assistance completing your autobiography? ☐ yes ☐ no

Your Birth family	Describe your parents, siblings, and you childhood home. Your parents as a couple? Areas of agreement and disagreement? Ways your parenting style is/isn't similar to your own parents? Your relationship with family and siblings?
Growing up	How were you parented? What types of traumatic events did you experience? Describe your feelings about school life, favorite subjects, friends, etc. Teen issues? As a child, did you ever experience foster care or adoption? Religious beliefs? Your educational history?
Courtship & **Marriage**	Describe how you and your partner met, and your current relationship. Areas of strength and disagreement? Relationships with in-laws? Mutual interests? Reasons why previous significant relationships didn't succeed?
Children	What is your philosophy about childrearing, discipline, and punishment? How do you think having a new child in your home will change your family's lifestyle? If you have children: describe your children, their personalities, and their feelings about fostering and/or adopting a sibling. If you don't have children: describe your experiences with children
Foster Care/ Adoption	Describe your reasons for fostering and/or adopting. How will the child fit into your family? Childcare issues? Cultural issues and concerns?
Employment	Briefly describe your job history for the past 5 years. Describe your current job. How do you feel about your work? Satisfactions and annoyances? What is your work schedule?
Community	Describe your house, your community, and your community support system. Describe your community involvements.
General	Strongest influences in your life? Greatest disappointments and achievements?

Section E. Applicant 1 Autobiography

Section E. Applicant 2 Autobiography

Section F. REFERENCES:
MAKE SURE YOU HAVE COMPLETE MAILING ADDRESSES

These should be people who know your family well, such as ministers, business associates, friends, and neighbors. Only one reference may be a family member. **Please include a complete mailing address for each person.**

Name			
Address (street, PO Box, city, state, zip			
Phone		**e-mail**	
Relationship to your family			

Name			
Address (street, PO Box, city, state, zip			
Phone		**e-mail**	
Relationship to your family			

Name			
Address (street, PO Box, city, state, zip			
Phone		**e-mail**	
Relationship to your family			

PHYSICIAN'S REFERENCE (Required for each Applicant)

Name of Doctor Applicant 1			
Address (street, PO Box, city, state, zip)			
Phone		**e-mail**	
Physician for			

Name of Doctor Applicant 2			
Address (street, PO Box, city, state, zip			
Phone		**e-mail**	
Physician for			

Perhaps you know of others who may be interested in becoming foster/adoptive parents. If so, please note their name and address and we will send them information about our program.

May we say that you referred them? ☐ yes ☐ no

Name		Address	
Name		Address	

Now did you learn of Idaho's need for foster/adoptive families (check all that apply):	☐ Billboard ☐ TV ☐ Friend ☐ Family ☐ Community Event ☐ Other

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