

## Maryhurst Foster Parent Information

**Parent 1 Name:      Last:              First:              Middle:              Maiden:**

**Parent 2 Name:      Last:              First:              Middle:              Maiden:**

**Address:**

**City:                  State:                  Zip Code:                  County:**

**Date moved into current address:                  Home Phone:**

**Own     Rent     Other**

**Previous Address:**

**City:                  State:                  Zip Code:                  County:**

**Dates at previous address? From                  To**

	Parent 1	Parent 2
<b>Relationship of parent 1 &amp; 2</b>		
<b>Race</b>		
<b>Smoker</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Social Security Number</b>		
<b>Date of Birth</b>		
<b>Education Level</b>		
<b>Previous States /Counties</b>		
<b>Previous Married Names</b>		
<b>Annual Income</b>		
<b>Current Employer</b>		
<b>Occupation</b>		
<b>Days / Hours Worked</b>		
<b>Time with current employer</b>		
<b>Distance from work to home</b>		
<b>Work Phone</b>		
<b>Can calls be received at work?</b>		

<b>Past Employer</b>		
Employment Dates		
Position		
Reason for Leaving		
<b>Past Employer</b>		
Employment Dates		
Position		
Reason for Leaving		

	Parent 1	Parent 2
<b>Military Service</b>		
Branch		
Dates		
Type of Discharge		
<b>Religion</b>		
Denomination		
Church Name		
Frequency of Attendance		
Special Involvement		

**Family Pets:**

**Family Activities and Interest:**

**Financial Statement:** Will you be financially able to provide for your family as well as one or more additional children until the first reimbursement check arrives. Yes  No

**Current Marriage Information:**

Date of Marriage:

Place (County / State):

Previous Marriages	Parent 1	Parent 2
Number of Previous Marriages		
<b>Name of Previous Spouse</b>		
Date of Marriage		
Place of Marriage		
Reason for Divorce / Death		
Date of Divorce / Death		
<b>Name of Previous Spouse</b>		
Date of Marriage		
Place of Marriage		
Reason for Divorce / Death		
Date of Divorce / Death		

**Home and Community:**

1. Elementary School in District:

2. Middle School in District:

3. High School:

4. Number of miles to hospital:

0-5  6-10  10-15  15 +

5. Type of Water Used:

City  Well  Cistern  Hauled





**Legal Information:**

- A. Has any member of your household ever been charged, fined or convicted for Violation of any law? Yes  No   
If yes, explain:
- B. Is anyone in your household presently involved in a civil suit or paying judgement rendered in civil action? Yes  No   
If yes, explain:
- C. Has any member of your household ever had any allegations or charges of abuse Or neglect brought against them? Yes  No   
If yes, explain:
- D. Have any of your children been temporarily or permanently removed from your home by the courts or Child Protective Services? Yes  No   
If yes, explain:

**Information on possible children in home:**

Age:  
Race:  
Sex:  
Other:

**Directions to home:**

**Training availability:**

**COPY OF RELEASE SIGN:** YES  NO

**COPY OF ACKNOWLEDGEMENT SIGNED:** YES  NO

**E-Mail Address:**

**Interested:** Yes  No  Maybe