

maryhurst 
Embrace
Foster Care

Maryhurst Foster Parent Application

INSTRUCTIONS: We are excited about your interest in becoming a foster parent with Maryhurst's Family Treatment Homes. Please complete all information requested thoroughly and in an honest manner. We understand that some information is sensitive and we will treat it as confidential. This information will be used the help us identify your strength's and what services would work best to prepare your home for fostering.

Date: _____

Name: (First, Middle, Last, Maiden)

Parent 1: _____ Parent 2: _____

How are Parent 1 and Parent 2 related? _____

Address: _____
Street City Zip Code County

Date moved into current address: _____

Do you own your home? ____ rent? ____ other? _____

Previous Address: _____
Street City Zip Code State

Dates at previous address? From _____ To _____

Phone Numbers and E-mail Addresses:

Home: _____ Cell: _____ Cell: _____
(Parent One) (Parent Two)

E-mail: _____ E-mail: _____
(Parent One) (Parent Two)

Race/Ethnicity

Smoker?

Social Security Number:

Date of Birth:

Highest Education Attained:

**Previous states of residence
and dates:**

Previous Married Names:

Annual Income:

Employment:

Current Employer:

Position:

Work Schedule:

Time with current employer:

Distance from home to work:

Work phone:

Can calls be received at work?

Past Employer:

Employment dates:

Position:

Reason for leaving:

Past Employer:

Employment dates:

Position:

Reason for leaving:

Military Service

Branch:

Dates:

Type of Discharge:

Church Attendance

Denomination:

Church Name:

Frequency of attendance:

Special involvement at
church:

Parent 1	Parent 2
Parent 1	Parent 2

Will you be able to financially provide for your family as well as one or more foster children until the first reimbursement check arrives (approximately one month after placement)? Yes ____ No ____ Unsure ____

Family Pets (indoor/outdoor, type of pet, name of pet, etc.): _____

Family Activities and Interests: _____

Current Marriage Information:

Date: _____ Place (County/State): _____

Previous Marriages:

Number of previous marriages:

Name of previous spouse

Date of Marriage
Place of Marriage
Date of Divorce/Death
Reason for Divorce/Death

Name of previous spouse

Date of Marriage
Place of Marriage
Date of Divorce/Death
Reason for Divorce/Death

Name of previous spouse

Date of Marriage
Place of Marriage
Date of Divorce/Death
Reason for Divorce/Death

Parent 1	Parent 2

Home and Community:

Elementary school in district: _____

Middle School in district: _____

High School in district: _____

Name of nearest hospital: _____

Number of miles to hospital: _____

Type of water used: City ____ Well ____ Cistern ____ Hauled ____

Children: (Please list all children – living or deceased, at home or away)

No children _____

Child One

Name:

Address: *(if different)*

Phone: *(if different)*

Date of Birth:

Grade: (or highest achieved)

Relationship:

Parent 1: Bio ____ Step ____ Adoptive ____

Parent 2: Bio ____ Step ____ Adoptive ____

Child Two

Name:

Address: *(if different)*

Phone: *(if different)*

Date of Birth:

Grade: (or highest achieved)

Relationship:

Parent 1: Bio ____ Step ____ Adoptive ____

Parent 2: Bio ____ Step ____ Adoptive ____

Child Three

Name:

Address: *(if different)*

Phone: *(if different)*

Date of Birth:

Grade: (or highest achieved)

Relationship:

Parent 1: Bio ____ Step ____ Adoptive ____

Parent 2: Bio ____ Step ____ Adoptive ____

Child Four

Name:
 Address: *(if different)*
 Phone: *(if different)*
 Date of Birth:
 Grade: (or highest achieved)
 Relationship:

Parent 1: Bio ___ Step ___ Adoptive ___
Parent 2: Bio ___ Step ___ Adoptive ___

Child Five

Name:
 Address: *(if different)*
 Phone: *(if different)*
 Date of Birth:
 Grade: (or highest achieved)
 Relationship:

Parent 1: Bio ___ Step ___ Adoptive ___
Parent 2: Bio ___ Step ___ Adoptive ___

Child Six

Name:
 Address: *(if different)*
 Phone: *(if different)*
 Date of Birth:
 Grade: (or highest achieved)
 Relationship:

Parent 1: Bio ___ Step ___ Adoptive ___
Parent 2: Bio ___ Step ___ Adoptive ___

Others Persons Residing in the Home:

Name	Age	Relationship	Will this person have any child caring responsibility for a foster child?

Medical Information:

Does your physician accept Medicaid ____ KY Medical Cards ___ Passport ____

Does any member of your household have a serious medical condition? ____

If yes, please identify the person and explain their illness: _____

Has anyone in your household ever sought counseling or treatment for mental, emotional, or nervous conditions? Yes ____ No ____

If yes, please identify the person and explain why: _____

Are any members of your household taking psychotropic medications (medications to treat emotional problems or mental illness)? Yes ____ No ____

If yes, please identify the person, their medication(s) and the medication's purpose(s): _____

Has any member of your household ever received treatment for or had a problem with the use of alcohol and/or drugs? Yes ____ No ____

If yes, please identify the person and explain: _____

Previous Fostering Experience:

Have you ever applied to become a foster parent before? Yes ____ No ____

If yes, what was the name of the agency and what was the outcome? _____

If you have provided foster care for another agency, please describe how long you were with this agency, and when and why you left the agency:

Legal Information:

Has any member of your household ever been charged, fined, or convicted for violation of any law? (Please include moving traffic violations.) Yes ____ No ____

If yes, please explain: _____

Is anyone in your household presently involved in a civil suit or paying judgment rendered in a civil action? Yes ____ No ____

If yes, please explain: _____

Has any member of your household ever had an allegation of abuse or neglect brought against him or her? Yes ____ No ____

If yes, please explain: _____

Have any of your children ever been temporarily or permanently removed from your home by the courts or Child Protective Services? Yes ____ No ____

If yes, please explain: _____

Tell us what strengths you and your family have that make you good candidates to provide foster care or adopt children.

Foster placement preferences:

Please indicate if you have preferences regarding the following characteristics of a child placed in your home, remembering that the more open your home is, the easier it will be to make a placement:

Age: _____

Race: _____

Gender: _____

Other: _____

Directions to your home:

When are you available for training?

Signature of Parent 1

Signature of Parent 2