APPLICATION TO BECOME A FOSTER FAMILY

SOCIAL DEVELOPMENT

Part A:

Full name of applicant(s): 1) ______________________

2) ______________________

Full mailing address: ______________________

______________________ Postal Code: __________

Directions to home: ______________________

____

Telephone number(s): Home: __________ Work: __________

Work: __________ Other (cell): __________ E-Mail address: __________

Name of Emergency Contact Person ______________________

Phone number __________ // relationship __________

E-mail *(if applicable)*: __________ Fax number *(if applicable)*: __________

For Office Use Only

Initial Contact: __________ (Date) Approval date: __________

Preservice: __________ (Date Completed)

Criminal Record Check: 1) __________ (Date) 2) __________ (Date)

SD Record Check: 1) __________ (Date) 2) __________ (Date)

References:	Positive	Negative
1) __________ Date Returned	☐	☐
2) __________ Date Returned	☐	☐
3) __________ Date Returned	☐	☐

Home study interviews: 1) __________ (Date)

2) __________ (Date) 3) __________ (Date)

- ☐ Environment of Care Compliance Check List
- ☐ Applicant notified by the CRS Social Worker of Approval
- ☐ ID card requested
- ☐ Oath of Confidentiality
- ☐ Foster Family Care Standards
- ☐ Approval of Child Placement Resource form (Reg. 91-170)
- ☐ Resource agreement signed

Age + type of child desired: __________ Type of foster home: __________

Resource ID: __________

Service ID(s): 1) __________ 2) __________ 3) __________

Part B: **Personal Data**

Applicant #1	Applicant #2
Surname:	Surname:
Given Name:	Given Name:
Maiden Name:	Maiden Name:
Previous Name *(if applicable)*:	Previous Name *(if applicable)*:
Date of Birth: Place of Birth:	Date of Birth: Place of Birth:
Citizenship:	Citizenship:
Languages spoken: 1) ______ 2) ______	Languages spoken: 1) ______ 2) ______

Marriage/Relationship History

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Common-law ☐ Divorced ☐ Separated	Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Common-law ☐ Divorced ☐ Separated
Date of present marriage:	Date of present marriage:
If not married - length of present relationship:	If not married - length of present relationship:
Number of Previous marriage(s) or Relationships ______	Number of Previous marriage(s) or Relationships ______

Education History

Highest level of Education completed:	Highest level of Education completed:
List training/courses or volunteer work:	List training/courses or volunteer work:
List Hobbies, interests, Community Activities:	List Hobbies, interests, Community Activities:

Employment History

Present Employment/Occupation: **Applicant #1**	Present Employment/Occupation: **Applicant #2**
Employer:	Employer:
Telephone Number:	Telephone Number:
Length of Employment:	Length of Employment:
Yearly gross income: $	Yearly gross income: $
Additional Income: $	Additional Income: $
1) Previous Employer:	1) Previous Employer:
Length of Employment:	Length of Employment:
2) Previous Employer:	2) Previous Employer:
Length of Employment:	Length of Employment:

Use a separate page for additional employment history and attach to form.

Finances

Combined net income from all sources

Source (ie. pay checks, Child Tax Credit, Investments)	**Monthly Amount of Net Income**
a)	a) $
b)	b) $
c)	c) $
d)	d) $

List Monthly Household Expenses

a) Mortgage/Rent:	e) Telephone:	i) Car Insurance:
b) Groceries:	f) Cable:	j) Gas:
c) Heat:	g) Clothing:	k) Other Expenses:
d) Lights:	h) Entertainment:	=

Debts		**Assets**	
Loans:	$	Property:	$
Credit Cards:	$	Car/Automobile: (model & year)	$
Other:	$	Life Insurance:	$
		Other (RRSPs, etc.):	$

Total of debts:

Total net income per year:

Part C:

Contact with other Agencies

1) Have you or any member of your immediate family been convicted of a criminal offence or been in conflict with the law?

☐ Yes ☐ No

Explain: ____

____

____

* The existence of a criminal record will not necessarily result in ineligibility to foster.

2) Have you or anyone in your immediate family ever received services or had contact with Social Development or Child Welfare.

☐ Yes ☐ No

If so: when ____________________ where ____________________

Explain briefly: ____

____

____

3) Have you or anyone in your immediate family ever received psychological services?

☐ Yes ☐ No

If so: when ____________________ where ____________________

Explain briefly: ____

____

____

Part D:
Medical Form For Foster Parents

This medical form is to be completed by each applicant and returned with your application.

Applicant #1 ____________________________________
Name

1) General Statement of Health

	Very Good	Good	Fair	Poor
a) General Physical Condition	☐	☐	☐	☐
b) General Medical Condition	☐	☐	☐	☐
c) General Emotional Condition	☐	☐	☐	☐

2) Read the list below and check yes if you have, or ever had, any of the conditions listed. If you check yes, include details of age, treatment, and results.

	Yes	No	Details
Tuberculosis T.B.	☐	☐	
Diabetes	☐	☐	
Heart Decease	☐	☐	
Cancer	☐	☐	
High Blood Pressure	☐	☐	
Rheumatoid Arthritis	☐	☐	
Epilepsy	☐	☐	
Allergies/Asthma	☐	☐	
Ulcers	☐	☐	
Nervous Disorders	☐	☐	
Physical Disability	☐	☐	
Other	☐	☐	

3) Have you ever received psychiatric treatment? ☐ Yes ☐ No

4) Do you smoke? ☐ Yes ☐ No

5) Do you take any prescribed drugs regularly? ☐ Yes ☐ No

6) Have you had a problem with drugs and/or alcohol? ☐ Yes ☐ No

Explain: ____________________________________

____

7) What is the name of your regular Family Doctor? ____________________________________

8) If there are any health concerns with your children, please explain. (Only one parent needs to complete this.)

____

____

Part D:
Medical Form For Foster Parents

This medical form is to be completed by each applicant and returned with your application.

Applicant #2 ______________________________
Name

1) General Statement of Health

	Very Good	Good	Fair	Poor
a) General Physical Condition	☐	☐	☐	☐
b) General Medical Condition	☐	☐	☐	☐
c) General Emotional Condition	☐	☐	☐	☐

2) Read the list below and check yes if you have, or ever had, any of the conditions listed. If you check yes, include details of age, treatment, and results.

	Yes	No	Details
Tuberculosis T.B.	☐	☐	
Diabetes	☐	☐	
Heart Decease	☐	☐	
Cancer	☐	☐	
High Blood Pressure	☐	☐	
Rheumatoid Arthritis	☐	☐	
Epilepsy	☐	☐	
Allergies/Asthma	☐	☐	
Ulcers	☐	☐	
Nervous Disorders	☐	☐	
Physical Disability	☐	☐	
Other	☐	☐	

3) Have you ever received psychiatric treatment? ☐ Yes ☐ No

4) Do you smoke? ☐ Yes ☐ No

5) Do you take any prescribed drugs regularly? ☐ Yes ☐ No

6) Have you had a problem with drugs and/or alcohol? ☐ Yes ☐ No

Explain: ______________________________

____

7) What is the name of your regular Family Doctor? ______________________________

8) If there are any health concerns with your children, please explain. (Only one parent needs to complete this.)

____

____

Part E:

Information on your children and others living in your home.

Children's Full Names	Date of Birth yy mm dd	Health	Whereabouts (in home or out)	Status (adopted, natural, step, relative, other)
1)				
2)				
3)				
4)				
5)				
6)				

Other persons currently living in the home:

Full Name	Date of Birth yy mm dd	Relationship (Relative, boarder, etc.)
1)		
2)		
3)		

Part F:

Family Background Details

Applicant #1	Applicant #2
Your father's name:	Your father's name:
Address: ______________________ ______________ Postal Code: ________	Address: ______________________ ______________ Postal Code: ________
Health: ☐ good ☐ fair ☐ poor Age: ________ / If deceased, date and cause of death. ______________________________	Health: ☐ good ☐ fair ☐ poor Age: ________ / If deceased, date and cause of death. ______________________________
Employment:	Employment:
Your mother's name:	Your mother's name:
Maiden name:	Maiden name:
Address: ______________________ ______________ Postal Code: ________	Address: ______________________ ______________ Postal Code: ________
Health: ☐ good ☐ fair ☐ poor Age: ________ / If deceased, date and cause of death. ______________________________	Health: ☐ good ☐ fair ☐ poor Age: ________ / If deceased, date and cause of death. ______________________________
Employment:	Employment:

Your Siblings	
Applicant #1	**Applicant #2**
Name:	Name:
Age: Education:	Age: Education:
Employment: Location:	Employment: Location:
Name:	Name:
Age: Education:	Age: Education:
Employment: Location:	Employment: Location:
Name:	Name:
Age: Education:	Age: Education:
Employment: Location:	Employment: Location:
Name:	Name:
Age: Education:	Age: Education:
Employment: Location:	Employment: Location:
Name:	Name:
Age: Education:	Age: Education:
Employment: Location:	Employment: Location:
Name:	Name:
Age: Education:	Age: Education:
Employment: Location:	Employment: Location:
Name:	Name:
Age: Education:	Age: Education:
Employment: Location:	Employment: Location:

Part G:

Your Home

Describe your home (size, space available for foster children, play area, etc.)

____

____

____

____

Do you: ☐ own ☐ rent

Do you have any pets: ☐ Yes ☐ No If yes, what type and how many? ____________________

Part H:
Reason for Applying to Foster

Have you ever applied to: ☐ foster ☐ adopt

If yes, where and when: ________________________________

____

Briefly state your reasons for applying to foster.

____

____

____

____

Please check off the area(s) you are interested in.

- ☐ infants (0-2 yrs.)
- ☐ children under 12
- ☐ children with special needs (mental or physical disability)
- ☐ children over 12
- ☐ teenagers (16-19 yrs.)
- ☐ Youth in Open Custody (Public Safety)
- ☐ sibling group
- ☐ relief care
- ☐ no preference

We would prefer:

☐ males ☐ females ☐ no preference

☐ religion: ____________________ ☐ no preference

☐ race: ____________________ ☐ no preference

How did you become aware of our need for foster families?

____

____

____

____

Part I:

References:

Please give the complete name, mailing address, postal code and telephone numbers of three persons who know you well (enough to answer questions about your family) and who are not relatives.

1) Name ______________________________ Telephone (Home): ______________________
(Business): ______________________

Complete mailing address/postal code ____

____

2) Name ______________________________ Telephone (Home): ______________________
(Business): ______________________

Complete mailing address/postal code ____

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3) Name ______________________________ Telephone (Home): ______________________
(Business): ______________________

Complete mailing address/postal code ____

____

Part J:

I certify the information on this application to be true and accurate to the best of my/our knowledge.

By my signature I herewith authorize the Department of Social Development to check the NB Families Information System for any information relevant to this application and any other Government Agency or department deemed necessary in assessing this application.

I give permission for the Department of Social Development to contact the references named on this application.

______________________________ ______________________________
Signature of Applicant #1 Date

______________________________ ______________________________
Signature of Applicant #2 Date

When completed, please forward to:

Children's Residential Services Unit
Department of Social Development.

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