

# CHRISTIAN FAMILY CARE FOSTER PARENT / ADOPTIVE PARENT INFORMATION

(please circle one)

PLEASE ENTER INFO:	WOMAN	MAN				
Full Legal Name						
Social Security Number						
Birth date, age, city and state of birth	/ /      Age      City      State	/ /      Age      City      State				
Race / Ethnicity (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other?				
Home address, city, state, zip						
Phone numbers	Home					
	Work	Work				
	Cell	Cell				
Email address						
<b>PERSON TO CONTACT IN CASE OF EMERGENCY AND THEIR RELATIONSHIP TO YOU:</b>		Wife's Maiden Name:				
Name	Relationship	Phone No.				
Marital status	<input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married				
	Present marriage: Date & Location      /      /      City and State:					
Previous marriage dates and termination dates						
Religious preference & Church	<input type="checkbox"/> Undeclared <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other? _____ Church: _____	<input type="checkbox"/> Undeclared <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other? _____ Church: _____				
State of Last Residence	Where did you live prior to AZ? Since what year have you lived in AZ?	Where did you live prior to AZ? Since what year have you lived in AZ?				
Employer & Occupation						
<b>CHILDREN CURRENTLY IN THE HOME:</b> Please indicate the following for each child Arrival (means of): B=Birth A=Adopt FC=Foster Care G=Guardian O=Other      Status: LH=Living at Home LA=Living Away						
NAME	RACE / ETHNICITY	GNDR	BIRTH DATE	AGE	ARRIVAL	STATUS
Preferred Program:	<input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Both Foster Care and Adoption					
CHILD DESIRED:	Age range: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Either      Sibling group: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Race/Ethnicity (Check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other?					
How did you hear about us?						
Have you ever applied to another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the application active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you had an adoption Home Study?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it current? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever pursued a DES foster home license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No, but I'm interested				
We hereby attest that this information is true and we understand in making this application that there is no commitment on either side:						
Applicant Signature _____	Applicant Signature _____					
Date _____	Date _____					