

**FOSTER HOME APPLICATION****I. GENERAL INFORMATION**Husband's Name: \_\_\_\_\_  
Last Name First MiddleWife's Name: \_\_\_\_\_  
Last Name First & Middle Maiden

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Time at this Address: \_\_\_\_\_ Expected Length at Present Residence: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: Husband (\_\_\_\_) \_\_\_\_\_ Wife (\_\_\_\_) \_\_\_\_\_

Has either applicant been convicted of a felony or violent crime against a child or adult?  Yes  NoIs either applicant a United States Citizen or a Legal Permanent Resident? Husband  Yes  No Wife  Yes  NoDoes either applicant smoke tobacco products?  Yes  NoDoes either applicant drink alcoholic beverages?  Yes  NoDo you have pets?  Yes  No If "Yes" describe: \_\_\_\_\_Have you previously applied for a Foster Care license or actually been licensed?  Yes  No

State Reasons for Wanting to Foster a Child: \_\_\_\_\_

What Sex and Age of Child(ren) Are You Interested In? \_\_\_\_\_

Have You Previously Applied for a Foster Care License or Actually Been Licensed?  Yes  No

If "Yes," When and Where? \_\_\_\_\_

Contact Person: \_\_\_\_\_

**II. SPIRITUAL INFORMATION**

Denominational Preference \_\_\_\_\_

Church you attend \_\_\_\_\_

Church Address \_\_\_\_\_ Church phone (\_\_\_\_) \_\_\_\_\_

Number of years attended \_\_\_\_\_ Are you a member of this church?  Yes  No

Pastor, pastoral staff, or deacon in this church whom we can contact: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you active in this church's ministry?  Yes  No If "Yes," how? / If "No," why?

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Briefly define your Christian lifestyle and your daily walk with God.

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Briefly share your "salvation experience."

Husband: \_\_\_\_\_

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Wife: \_\_\_\_\_

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**III. FAMILY INFORMATION** – List all others also living in the home. (Please use back of form if necessary)

	Husband	Wife	Child	_____	_____
Name					
Date of Birth					
Birth Place					
Place of Church Membership					
Years of Education Completed					
School/Grade/Occupation					
Marital Status					

Additional Family Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. MARITAL HISTORY:**

Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Has Either Spouse Had a Previous Marriage? Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Give Name of Former Spouse(s), Date(s) of Death or Divorce: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Children of Previous Marriage(s) (Give Name, Age and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. EMPLOYMENT HISTORY/FINANCES**

Husband:

Wife:

Employer: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

( ) \_\_\_\_\_

Monthly Income: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

\_\_\_\_\_

How Long Employed Here? \_\_\_\_\_

\_\_\_\_\_

Part Time  Full Time

Part Time  Full Time

Work Schedule: \_\_\_\_\_

\_\_\_\_\_

**VI. REFERENCES**

Please list three persons other than relatives who know your family life.

Name

Address

Telephone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list your Pastor and Physician.

Pastor: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Please Provide Directions for Reaching Your Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. ACKNOWLEDGMENT AND RELEASE OF INFORMATION**

I hereby declare the information I have provided on this foster home application to be true and complete to the best of my knowledge. I understand that any intentional misrepresentation, misstatement or omission of facts on this application could be considered cause for disapproval as a foster parent. I authorize Florida Baptist Children’s Homes to obtain any information that would assist in the evaluation of this application to participate in the foster care program. I hereby acknowledge that Florida Baptist Children’s Homes will maintain confidentially as it pertains to this application and all information contained therein.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wife's Signature

\_\_\_\_\_  
Date