

**INITIAL FOSTER HOME APPLICATION SCREENING FORM**

Date of Application: \_\_\_\_\_

Names of Applicants:

1) \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ RACE: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Previous Married Name/Alias: \_\_\_\_\_

2) \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ RACE: \_\_\_\_\_

Alias: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Other Household Members (including DOB AND SSN for anyone over 14):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Local Police Department: \_\_\_\_\_

1. Has either applicant lived out of state in the last 5 years? YES NO  
If yes, what state: \_\_\_\_\_

2. Is this a two-parent married household? YES NO  
If unmarried:  
a. How long have you lived together? (1-2 years stability desired) \_\_\_\_\_

3. Do you have any past history with CYS or Mental Health involvement? YES NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Does either applicant have:  
a. Personal criminal history? YES NO  
If yes, please explain: \_\_\_\_\_  
  
b. Personal child abuse history? YES NO  
If yes, please explain: \_\_\_\_\_

5. Do you have sufficient income to care for a foster child? YES NO

6. Does either applicant work? YES NO  
If yes, where, typical schedule: \_\_\_\_\_  
\_\_\_\_\_
7. Do you have a plan for child care, if needed? YES NO
8. What is your motivation to become a foster parent? \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any experience with children? Please explain \_\_\_\_\_  
\_\_\_\_\_
10. Are you willing to care for older youth (13 and over) or children with special medical needs?  
\_\_\_\_\_
11. How many rooms/beds for foster children are in your home? \_\_\_\_\_
12. Have you ever served as a foster parent before? YES NO  
If yes, what agency: \_\_\_\_\_
13. How did you hear about the BCCYS foster care program?  
\_\_\_\_\_

By signing this form, I/we understand that a preliminary criminal record check will be completed on all applicants and family members over 18 years old.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Adult Household Member Date

\_\_\_\_\_  
Signature of Adult Household Member Date

For Agency Use Only:

CAPS AND CWIS CHECKED: YES OR NO

APPLICATION SENT: YES OR NO

DATE SENT: \_\_\_\_\_