

FAMILIES FOR CHILDREN, INC.

A Foster Family Treatment Agency

PRE-APPLICATION INFORMATION FOR CERTIFIED FOSTER HOMES

(Please print this form, fill out completely and mail to the address below)

Name of Applicant _____ Spouse _____

Address _____

City/State/Zip Code _____ Home Phone (____) _____

Work Phone (____) _____ How many years/months on your current job? _____

Employer's name _____ Do you have a Day Care License? _____

How did you hear about us? A Friend A Certified Parent Newspaper Ad Flyer
 A Day Care Provider Recruitment Fair Walk By

How many bedrooms in your home? _____ How many bathrooms? _____ Do you own or rent? _____

Do you have current homeowners or renter's insurance? _____ Is there a pool on the premises? _____

Does the pool have a 5 ft. fence around it or a pool cover that supports an adult's weight? _____

What type of car do you own? _____ Do you have current car insurance? _____

Do you have current car registration? _____ Do you have a current Driver's License for California? _____

Have you ever raised children? _____

How many other family members are currently living in your home? (e.g., spouse, children, parents, cousins, etc.) _____

Why do you want to become a foster parent? _____

Ever been licensed through the LA County or certified with another private foster family Agency? Yes _____ No _____

If so, what private Agency? _____

When did you leave the County? _____ Why? _____

When did you decertify with the private agency (if applicable)? _____

Please check one or more:

I/We are interested in: Foster Parenting Adoptions I/We want to foster/adopt _____ children
(number)

The ages that I/We are interested in are: Infants (0 - 2) Pre-school (2 - 5) Elementary (5 - 11)
 Middle (12 - 14) Teen (15 - 18)

Signature _____ Date _____

Signature _____ Date _____