# APPLICATION FOR FOSTER FAMILY HOME LICENSE

State Form 10100 (R12 / 1-13)

DEPARTMENT OF CHILD SERVICES

County

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

*INSTRUCTIONS: Complete one form per family, in writing or electronically.*

| SECTION 1 - DEMOGRAPHICS | | | | | | |
|---|---|---|---|---|---|---|
| *Include the full name of all persons living in your home at present.* | | | | | | |
| **Full Name** | **Date of Birth** *(month, day, year)* | **Social Security Number** \* | **Place of Birth** | **Household Role** | **Occupation or School Grade** | **Name of Employer or School** |
| Applicant A | | | | | | |
| Applicant B | | | | | | |
| Children | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Others | | | | | | |
| | | | | | | |

Present address *(number and street, city, state, and ZIP code)*

Directions to home

| Home telephone number ( ) | Applicant A – Work or cellular telephone number ( ) | Applicant B – Work or cellular telephone number ( ) |
|---|---|---|
| E-mail address | Number of children for whom you want to provide care | Age and sex |

Other states in which applicant has resided

| Applicant A – Maiden or married names / aliases used | Applicant B – Maiden or married names / aliases used |
|---|---|

*NOTE:* If either applicant has been named in any Child Protective Service reports as having committed any act of abuse / neglect as determined by the Department of Child Services, this may be grounds for revocation or denial of a license.

Has either applicant been named in any substantiated cases of child abuse / neglect as determined by Child Protective Services in Indiana or in any other state?  ☐ Yes  ☐ No

| If yes, in what year? | If yes, in what state(s)? | If yes, in what county(ies)? |
|---|---|---|

If yes, please provide details.

## SECTION 1 – DEMOGRAPHICS *(continued)*

Have you ever applied to become an adoptive or foster parent?

☐ Yes ☐ No

*If yes, list all public and private agencies in Indiana or any other state to which you have ever applied for adoption or foster care.*
*Use an additional sheet, if necessary.*

| 1. Name of agency | Date of application *(month, day, year)* |
|---|---|

Address *(number and street, city, state, and ZIP code)*

| Was a license issued? ☐ Yes ☐ No | Was a family preparation assessment (i.e. home study) done? ☐ Yes ☐ No |
|---|---|

| 2. Name of agency | Date of application *(month, day, year)* |
|---|---|

Address *(number and street, city, state, and ZIP code)*

| Was a license issued? ☐ Yes ☐ No | Was a family preparation assessment (i.e. home study) done? ☐ Yes ☐ No |
|---|---|

| Have you ever had a foster home license revoked? ☐ Yes ☐ No | Have you ever had a foster home application denied? ☐ Yes ☐ No |
|---|---|

If yes to either question, please provide details.

## SECTION 2 – PREFERENCE DATA

Please indicate the special needs characteristics of the children for whom you would consider providing care.

☐ None ☐ Child two (2) years of age or older ☐ Medical / Physical Challenge ☐ Mental / emotional challenge
☐ Adolescent ☐ Behavior challenge ☐ Educational challenge ☐ Developmental challenge
☐ Member of sibling group of two (2) or more children, at least one (1) of whom is two (2) years of age or older and will be placed with the sibling group in the same home

Reasons for wanting to care of children in need of services:

## SECTION 3 - REFERENCES

*Please give, as references, the names of at least four (4) persons (at least two (2) of whom are not related by blood, marriage, or adoption) who know your family life.*

| Name | Address *(number and street, city, state, and ZIP code)* | Telephone Number |
|---|---|---|
| Name of physician | | ( ) |
| | | ( ) |
| | | ( ) |
| | | ( ) |
| | | ( ) |
| | | ( ) |
| | | ( ) |

## SECTION 4 - CERTIFICATION

I hereby certify that all statements made in this application, and any attachments thereto, are correct to the best of my knowledge.

| Signature of Applicant A | Date signed *(month, day, year)* |
|---|---|

| Signature of Applicant B | Date signed *(month, day, year)* |
|---|---|