



APPLICATION FOR FOSTER FAMILY HOME LICENSE

State Form 10100 (R15 / 7-21)
DEPARTMENT OF CHILD SERVICES

County _____

FOR CENTRAL / LOCAL OFFICE USE ONLY

Enter resource identification number assigned by the case management system.
If the number is less than nine digits, use zeroes for the first digits.

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* 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: The licensing worker will provide this form to prospective resource parents for completion, either in writing or electronically, as a part of the Initial Licensing Packet. One (1) form should be completed for each prospective foster family. See policy 12.03 for additional information.

SECTION 1 - DEMOGRAPHICS						
<p><i>Include the full name of all persons who live in or spend the night in your home twenty-one (21) days or more throughout the year. Children who primarily live with another parent but have regular visits in your home should also be reported.</i></p>						
Full Name	Date of Birth <i>(month, day, year)</i>	Social Security Number *	Place of Birth	Household Role	Occupation or School Grade	Name of Employer or School
Applicant A						
Applicant B						
Children						
Others						
Present address <i>(number and street, city, state, and ZIP code)</i>						
Directions to home						
.....						
Primary telephone number ()		Applicant A – Work or cellular telephone number ()		Applicant B – Work or cellular telephone number ()		
Email address Applicant A			Email address Applicant B			
Number of children for whom you want to provide care			Age and sex			
Other states in which applicant has resided						
Applicant A:			Applicant B:			
Applicant A – Maiden or married names / aliases used			Marital status of Applicant A		<input type="checkbox"/> Married but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Couple living together	
Applicant B – Maiden or married names / aliases used			Marital status of Applicant B		<input type="checkbox"/> Married but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Couple living together	
<p>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 (DCS), this may be grounds for revocation or denial of a license.</p>						
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? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>						
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 of the previous two (2) questions, please provide details.

SECTION 2 – Motivation / Support

What kind of care are you interested in providing?

 Relative Foster Adoption Respite Emergency

How do you feel about a child being reunited after abuse or neglect has occurred?

What role do you believe a foster parent has in supporting reunification?

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
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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)

Printed name of Applicant A

Signature of Applicant B

Date signed (month, day, year)

Printed name of Applicant B