

TWIN PINES FAMILY SERVICES, LLC
FOSTER FAMILY APPLICATION

Name(s) _____

Full Address _____

County _____ School District _____

How long have you resided at this address? _____

Home Phone number _____

Cell Number(s) _____

Children born or adopted of this relationship:

Name	DOB	Address (If different from above)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children born or adopted of other relationships:

Name	DOB	Address (If different from above)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other residents in the home:

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied to any other agency to foster or adopt? _____ Yes _____ No

If yes, Name of Agency: _____

Address: _____

Telephone Number: _____

Is your home currently licensed by another agency? _____ Yes _____ No

If yes, Name of Agency: _____

Address: _____

Telephone Number: _____

Have you ever been denied an initial or renewal foster care license? _____ Yes
_____ No

If yes, Name of Agency: _____

Address: _____

Telephone Number: _____

BUDGET WORKSHEET

There is no minimum income level set for foster parents. We use this worksheet to help us to assess your financial stability.

MONTHLY REVENUE

NAME OF RECIPIENT	SOURCE	AMOUNT	FREQUENCY

Total monthly income _____

MONTHLY EXPENSES

Rent/Mortgage \$ _____
Auto 1 _____
Auto 2 _____
Gasoline _____
Parking/Tolls _____
Auto Insurance _____
Other transportation costs _____
Life Insurance _____
Health Insurance _____
Property Insurance _____
Day Care _____
Alimony/Child Support _____
Groceries/Supplies _____
Gas _____
Electric _____
Water _____
Garbage collection _____
Phone _____
Loan Payments _____
Credit card payments _____
Other (_____) _____
Other (_____) _____
Other (_____) _____

TOTAL EXPENSES \$ _____

Are you presently behind on any bills? _____ Yes _____ No

Caregiver _____

DOB _____ Social Security Number _____

Other Marriages/Divorces _____

EDUCATIONAL HISTORY

Highest level/degree completed _____

Elementary School: _____

Address: _____

Middle School: _____

Address: _____

High School: _____

Address: _____

College/Technical/Trade School: _____

Address: _____

Other (_____): _____

Address: _____

CRIMINAL HISTORY

Criminal history and child abuse background check will be made, but it is important that you disclose any legal involvement that you have had. Please note that a criminal history does not necessarily disqualify you from fostering; however, a criminal history that is not disclosed may prevent you from fostering.

Have you ever been arrested or charged with a crime? _____ Yes _____ No

If yes, please give details including crime(s) you were charged with, date(s), location(s) and disposition(s).

EMPLOYMENT HISTORY (For at least past 10 years)

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

Company _____ Phone _____

Address _____

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Reason for leaving: _____

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Address _____

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