

Angels of Grace Foster Family Agency

FOSTER PARENT APPLICANT INFORMATION AUTOBIOGRAPHY AND QUESTIONNAIRE (Individually Completed)

IDENTIFYING INFORMATION

NAME:	FORMER NAME:	MAIDEN NAME:
AGE:	DATE OF BIRTH:	PLACE OF BIRTH:
SEX: M/F		
SOCIAL SECURITY #:	DRIVERS' LICENSE #:	LANGUAGES SPOKEN:
		ETHNICITY:
PLACE OF EMPLOYMENT:	POSITION/TITLE:	DAYS & HOUR'S WORKED:
WORK PHONE #:	HOME PHONE #:	CELLULAR PHONE #:
EMAIL ADDRESS:	FAX #:	STATUS: MARRIED/DIVORCED WIDOWED/SINGLE

EDUCATION/TRAINING

CIRCLE HIGHEST COMPLETED GRADE: 1 2 3 4 5 6 7 8 9 10 11 12 +	NAME/LOCATION OF HIGH SCHOOL:	DATE COMPLETED: GED DATE:	
NAME/LOCATION OF COLLEGE(S):	COURSE(S) STUDIED/ MAJOR(S):	YEARS COMPLETED: 1 2 3 4 5 6	DEGREE(S): DATE COMPLETED:

Please list experience, education and/or training related to parenting, counseling or youth work.

NAME OF TRAINING COURSE:	PLACE OF TRAINING:	DATES:

HOBBIES/PERSONAL INTERESTS: Please list the types of leisure-time activities you enjoy participating in (e.g., sport activities, social events, weekend activities, domestic interests, favorite pass-time)

1.	2.
3.	4.

6. Have you ever been arrested or convicted of a crime? Yes No
If yes, when and for what reason? _____

7. Have you ever been cited for any alcohol related traffic violations? Yes No
If yes, when and for what reason? _____

8. Have you ever been accused of child abuse? Yes No
If yes, when and for what reason? _____

9. Have you ever been convicted of child abuse? Yes No
If yes, when and for what reason? _____

10. Have you ever been accused of spousal abuse? Yes No
If yes, when and for what reason? _____

11. Have you ever been convicted of spousal abuse? Yes No
If yes, when and for what reason? _____

12. Do you have any physical, mental, or medical condition that could impair your ability to adequately and appropriately care for foster children? Yes No
If yes, please explain _____

13. Have you ever been treated for or subject to mental illness or substance abuse? Yes No
If yes, please explain: _____

14. Have you relocated to California, from another state or country within the past two years? Yes No

AUTOBIOGRAPHY

1. Are your parents still living? _____
2. Were you raised by both parents? _____
3. What was/is your father like? _____

4. What was/is your mother like? _____

5. As a child, how many brothers and sisters did you have? _____
6. How many were older, and how many were younger than you? _____
7. Describe your childhood: _____

8. Was discipline strict? _____
9. What kind of discipline/punishment did you receive? _____

10. Who administered discipline in your family? _____
11. Describe your past and present relationship with your parents and family. _____

12. Do maintain contact with your family? Yes No
If yes/no, in what ways and how frequently? _____
13. When and under what circumstances did you leave your parent's home? _____

14. Where did you meet your current spouse? _____
15. How long have you been married? _____ When is your anniversary? _____
16. Do you have any previous marriages? Yes No
If yes, please complete the following: (if necessary, attach additional sheet)

NAME OF SPOUSE	PERIOD OF MARRIAGE	NAME & AGES OF CHILDREN	REASON FOR SEPARATION
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17. What experience do you have in providing care for children? (Describe any special skills or training you may have.) _____

18. Discuss the kinds of discipline you consider appropriate. _____

19. Why do you want to become a foster parent? _____

I declare under penalty of perjury that the statements on this form are correct to the best of my knowledge.

Signature _____ Date _____