

INCOME (Take Home Pay-Specify If Otherwise)

PLEASE PROVIDE VERIFICATION (Check stubs, award letters, Bank-deposits)

Source	Amount
	\$
	\$
	\$
Net Monthly Income	\$

MONTHLY OUTGOING

Loans (Mortgage Payment-Include Payments on All Property and/or Rent)	\$
UTILITIES	\$
TRANSPORTATION (Car Payment, gas, bus passes and car repair)	\$
FOOD AND HOUSEHOLD SUPPLIES	\$
INSURANCE PAYMENT, Other than Payroll Deduction	\$
OTHER EXPENDITURES	\$

CONTRACT PAYMENTS (List below, use additional sheet if necessary)

Item	Contract Expires	Total Obligations	Monthly Payments
		Total Monthly	\$

HOME INFORMATION

- Is your home a (Circle): Apartment Condominium House
- Do you currently own or rent your home? (Circle) Own Rent
- If you rent you will need to provide a letter from your landlord acknowledging your intent and permission for you to provide foster care in the come.
- Please provide the name, address, and phone number of your landlord:

- What is the square footage of your home? _____
- How many bedrooms? _____ How many bathrooms? _____
- Do you have a swimming pool or live in an apartment complex with access to a swimming pool? Yes No
- What school district do you live in? _____
- Please describe your neighborhood and the age of the neighborhood children: _____

ROOM	LENGTH & WIDTH	NAME & AGES OF OCCUPANTS
MASTER BEDROOM		
BEDROOM 1		
BEDROOM 2		
BEDROOM 3		
BEDROOM 4		
BEDROOM 5		
WHERE IS THE NEAREST	NAME	ADDRESS & PHONE NUMBER
ELEMENTARY SCHOOL		
JUNIOR HIGH SCHOOL		
HIGH SCHOOL		
ALTERNATIVE ED SCHOOL SITE		

FAMILY INFORMATION: Family members; (If more space is required attach additional sheet.)

FIRST NAME	MIDDLE	LAST NAME	AGE	RELATIONSHIP

CURRENT GUARDIANSHIP AND FOSTER CHILDREN IN YOUR HOME.

CHILDS NAME:		
AGE:		
SEX:		

- Describe the personality of each member your family: _____

- How do your family members feel about being a part of a foster family? _____

- Is your family active in church? _____
- How often do you attend church? _____
- Would you allow a foster child to attend a church of her/his choice? _____
- Have their been any major changes or losses in your family in the last twelve months? _____
 If yes, explain _____

7. Is there a drug/alcohol history or current use of any person who may come into contact with your foster child? _____ If yes, please explain the nature, time period, and resolution of the use. _____

FOSTER CARE

1. How many children would you like to care for? _____
2. Please make which type of children you would be willing to care for?
 Ethnicity: _____ All _____ African-American _____ Hispanic
 _____ Caucasian _____ Native-American _____ Asian
- Sex: _____ Male _____ Female
3. Would you be willing to care for a sibling group? Yes No
4. What are the highest and lowest ages of a child you would be willing to care for? _____ Highest
 _____ Lowest
5. Would you be willing to care for a child who medically fragile? Yes No
6. Describe the type of child you would desire most to care for: _____

7. Describe the type of child you would desire least to care for? _____

8. List some of the things that you and your family would do to make your child feel accepted in your family. Take into consideration that her/his values may be very different from your own. _____

9. Describe how you plan to: _____

10. Describe how you plan to provide appropriate and suitable back up supervision to minors in your care, when you are required to be away from home. (These individuals must be adults and cleared through California State Licensing Agency.) _____

11. Are you interested in the adoption or guardianship of a foster child? Yes No

PRIOR LICENSURE STATUS

1. Have you ever been a licensee or co-licensee of a residential care facility for the elderly, community care, child care or health facility? Yes No If yes, complete the following questions
2. Have you ever held a beneficial ownership of 10% or more in a residential care facility for the elderly, community care, child care, child care or health facility or been an administrator, general partner, corporate officer, or director of any such facility? Yes No
3. What was the name and address of the facility? _____

4. What were the effective dates of the licensure? _____ To _____
5. Were any disciplinary actions taken? Yes No

If yes, please explain _____

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

Signature _____ Date _____

Signature _____ Date _____