Treatment Foster Care Provider Application

GENERAL INFORMATION

Applicant #1:

Name: _____   Birth Date: ____/____/_____
Address: _____   Birth Place: _____
_____   Gender: _____
_____   Phone: (H) _____
Email: _____   (W) _____
            (C) _____

Are you a high school graduate (circle one)? Y N

EMPLOYMENT
Are you currently employed?: _____
If yes, current employer: _____

Applicant #2:

Name: _____   Birth Date: ____/____/_____
     Birth Place: _____
     Gender: _____
     Phone: (H) _____
Email: _____   (W) _____
            (C) _____

Are you a high school graduate (circle one)? Y N

EMPLOYMENT

Are you currently employed?: _____
If yes, current employer: _____

HOUSEHOLD COMPOSITION

Marital Status: (check one) ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Please list **all** of the members of your household (including yourself).

Name	Birth date	Gender	Relationship

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FOSTER CARE INFORMATION

Have you ever participated in foster care training with another agency? _____ If yes, explain:

_____
_____
_____

If you have ever been certified as a foster parent for another agency in this state or another state, provide the following information:

      Name of agency: _____

      Address: _____

      Phone number: _____

      Are you currently certified? _____   May we contact this agency? _____

Why do you want to be a Treatment Foster Parent to a child with special needs?

_____
_____
_____
_____
_____

Please list any specialized training or experience which has prepared you to serve children with special needs:

_____
_____
_____

What type of child with special needs will your family best be able to provide care to?

_____
_____
_____

How did you hear about The Arc NCR's Treatment Foster Care Program?

_____