

Applicant 1's Previous Marriages (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

Applicant 2's Previous Marriages (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

APPLICANT 1'S ACADEMIC HISTORY

Highest educational status attained: Grade School Junior High Some High School
 High School Graduate/GED Some College Associate Degree
 Four Year College Graduate Post Graduate

APPLICANT 2'S ACADEMIC HISTORY

Highest educational status attained: Grade School Junior High Some High School
 High School Graduate/GED Some College Associate Degree
 Four Year College Graduate Post Graduate

HISTORY OF RESIDENCE FOR PAST 10 YEARS

HOUSEHOLD INFORMATION: Information about other people living in your home (include foster children, if any).

Full Name (First, Middle, Last)	Relationship	DOB	Sex	School/ Occupation	Social Security Number	If foster, CPS Caseworker's Name & Phone

Give the names of all your children or your spouse's children who live outside your household, including grown children. According to the *Minimum Standards for Child Placing Agencies*, **all children living outside your household, who are 12 years and older, must be contacted by The Giocosa Foundation to complete a child reference.**

Name	Sex	Age	Complete Address	Whose Child? Applicant 1 or 2

APPLICANT 1'S PREVIOUS CHILD CARE EXPERIENCE

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

APPLICANT 2'S PREVIOUS CHILD CARE EXPERIENCE

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

Additional Comments on Child Care Experience: _____

FOSTER PARENTING HISTORY

How did you learn about **The Giocosa Foundation**? _____

Have you or your spouse ever?

Applied to another agency to adopt a child or become a foster parent? No Yes If yes, was your application accepted? Yes No If your application was not accepted, why? _____

Been licensed with another agency No Yes

Adopted through another agency No Yes

Been a house parent or worked in a treatment center either as a volunteer or a paid employee?
 No Yes If yes, as a: Volunteer *OR* Employee Start Date: _____ End Date: _____

Please Note:

If you answered NO to all of the above, then skip the remainder of this section and go to the section titled, "**PERSONAL REFERENCES**".

If you answered YES to any of the above, complete the remainder of this section. There is space for up to three agencies. If more than three, attach a separate page.

1. Agency Name, address, and phone number: _____

Number, age range, and sex of youth served (approximate breakdown): _____

Describe your experience: _____

2. Agency Name, address, and phone number: _____

Number, age range, and sex of youth served (approximate breakdown): _____

Describe your experience: _____

3. Agency Name, address, and phone number: _____

Number, age range, and sex of youth served (approximate breakdown): _____

Describe your experience: _____

PERSONAL REFERENCES – Please list the names and addresses of four persons or couples *not related* to you who have known you well for at least two years to inform us accurately regarding your moral character and lifestyle. Try to vary the nature of your references, including those from social, spiritual, business, or employment relationships.

Name	Complete Address (House Number, Street Name, City, State, Zip)	Home & Work Phone

Name of nearest relative not living with you: _____
 Address: _____
 Phone _____ Relationship _____

EMPLOYMENT HISTORY (Show all employment for the last five years)

Applicant 1's Present Employment: _____
 Address: _____
 Telephone: () _____ Position or Title: _____
 Salary or Wage: _____ Length of Employment: _____
 Work Hours: _____ Supervisor's Name: _____

List previous employment below.

Applicant 1's Previous Employment: _____
 Address: _____
 Telephone: _____ Position or Title: _____
 Last Salary or Wage: _____ Length of Employment: _____
 Supervisor's Name: _____
 Reason for leaving: _____

Applicant 2's Present Employment: _____
 Address: _____
 Telephone: () _____ Position or Title: _____
 Salary or Wage: _____ Length of Employment: _____
 Work Hours: _____ Supervisor's Name: _____

List previous employment below.

Applicant 2's Previous Employment: _____
 Address: _____
 Telephone: _____ Position or Title: _____
 Last Salary or Wage: _____ Length of Employment: _____
 Supervisor's Name: _____
 Reason for leaving: _____

INCOME AND EXPENSES Provide the following information about your financial status and attach paycheck stubs or copies of your most recent tax returns or other documentation of your monthly income.

Monthly Income

Applicant 1's Income	Gross	Net
Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	\$	\$
Applicant 2's Income	Gross	Net
Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	\$	\$
All Other Household Income	Gross	Net
Source: Rental Income, Alimony, Child Support, Dividends, Adoption Assistance, Foster Care Reimbursement, etc.	\$	\$

TOTAL: \$ _____

Assets

Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.)	Value
	\$
Do you own your own home or do you rent?	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)	

Household Expenses: Enter your household's average monthly expenses for the following items. DO NOT INCLUDE EXPENSES THAT ARE DEDUCTED FROM PAYCHECKS.

House/Rent Payments	\$ _____	Automobile Insurance	_____
Payments for Other Real Property	_____	Life Insurance	_____
Automobile Payments	_____	Medical and Dental Insurance	_____
Gasoline and Auto Maintenance	_____	Medical Care (Not covered by insurance)	_____
Groceries and Household Supplies	_____	Dental Care (Not covered by insurance)	_____
Child Care	_____	Child Support Payments	_____
Telephone	_____	Cellular Phone	_____
Clothing	_____	Utilities (Gas, Water, Electric)	_____
Recreation and Entertainment	_____	Credit Cards	_____
Other Debts/Expenses (specify):	_____		
_____	_____		
_____	_____	TOTAL MONTHLY EXPENSES:	\$ _____

PERSONAL BACKGROUND INFORMATION (Check appropriate box.)

APPLICANT 1

APPLICANT 2

Yes	No		Yes	No
		Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child abuse, child molestation, or child neglect?		
		Have you been convicted or are you currently charged with a felony or misdemeanor classified as an offense against the person, family, public indecency, or any violation of the Controlled Substance Act?		
		Have you ever been charged with a felony?		
		Do you object to a criminal records check?		
		Have any of your children ever been placed in foster care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?		
		Do you anticipate any change in marital status, employment, family size or place of residence within the next year?		

Applicant 1 explain your answers: _____

Applicant 2 explain your answers: _____

MEDICAL HISTORY Have you had a history of or treatment for any of the following?

APPLICANT 1

APPLICANT 2

APPLICANT 1

APPLICANT 2

Yes	No		Yes	No		Yes	No		Yes	No
		Cancer						Heart Condition		
		Severe Arthritis						Heart Attack		
		Chronic Kidney Condition						Stroke		
		Colitis						Hemophilia		
		Ulcers						Diabetes		
		Hay Fever						Chronic Headache		
		Allergies						Chronic Fatigue		
		Asthma						Insomnia		
		Seizures						Hepatitis		
		Neck Injury						Lupus		
		Back Injury						Other:		

Applicant 1 explain your answers: _____

Applicant 2 explain your answers: _____

APPLICANT 1

APPLICANT 2

Yes	No		Yes	No
		Are you now receiving or have you ever received treatment for chemical dependence? If yes, when? _____		
		Are you now or have you ever received treatment for alcohol dependence, alcoholism? If yes, when? _____		
		Have you had a history of or received treatment for depression? If yes, when? _____		
		Have you ever intentionally hurt yourself or attempted to commit suicide? If yes, when? _____		
		Have you had a history of or received treatment for an emotional or mental illness or family problems? If yes, when? _____		
		Are you now receiving or have you ever received psychiatric treatment? If yes, when? _____ If yes, have you ever had a psychological examination or battery of psychological tests? _____ If yes, when did you receive the psychological exam, and what was your diagnosis? _____		
		Are you now or have you ever taken medication for mental or emotional problems? If yes, when? _____ Drugs Prescribed: _____		
		Do you have a physical disability? If yes, what? _____		
		Do you have any significant, acute, or chronic medical condition that could affect your ability to foster parent children? If yes, what? _____		
		Are you physically able to have children? If not, why? _____		

List all admissions to a hospital:

Date	Reason for Admission

List all prescription medications being taken on a regular basis:

Medication	Reason for Medication

Date of last visit to doctor and reason: _____

List all illnesses you have had in the past year: _____

Are your children current on their immunizations? Yes No

If not, why? _____

APPLICANT 1'S ACKNOWLEDGMENT

The undersigned acknowledges that they are not obligated to provide foster care, nor is The Giocosa Foundation obligated to assign, or actively seek to assign, a foster child to the applicant.

Signature of Applicant 1

Date

APPLICANT 2'S ACKNOWLEDGMENT

The undersigned acknowledges that they are not obligated to provide foster care, nor is The Giocosa Foundation obligated to assign, or actively seek to assign, a foster child to the applicant.

Signature of Applicant 2

Date

APPLICANT 1'S RELEASE OF INFORMATION

I hereby declare the information I have provided on this application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on the application could be considered cause for disapproval as a foster parent.

I authorize The Giocosa Foundation to obtain any information that would assist in the evaluation of my application to participate in their foster care program. Authorization: Submission of this signed application signifies that Applicant and Applicant's Spouse authorize The Giocosa Foundation to obtain a copy of any Consumer or credit report related to this application and to verify any rental history, Employment history or any other information related to this application.

As part of The Giocosa Foundation's matching process, additional personal information may be elicited from the applicant by authorized personnel.

Signature of Applicant 1

Date

APPLICANT 2'S RELEASE OF INFORMATION

I hereby declare the information I have provided on the foster parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on the application could be considered cause for disapproval as a foster parent.

I authorize The Giocosa Foundation to obtain any information that would assist in the evaluation of my application to participate in their foster care program. Authorization: Submission of this signed application signifies that Applicant and Applicant's Spouse authorize The Giocosa Foundation to obtain a copy of any Consumer or credit report related to this application and to verify any rental history, Employment history or any other information related to this application.

As part of The Giocosa Foundation's matching process, additional personal information may be elicited from the applicant by authorized personnel.

Signature of Applicant 2

Date

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