



Foster /Adoptive Parent Application

(All information will be considered as confidential to the extent permitted by law.)

I.PERSONAL DATA:

Please indicate of which you are applying for: Foster Care Only Adoption Only Both

1) How did you hear of Blueprints? _____

Identifying Information:

2) (Primary Caregiver)

Name: First Middle Last Birth Date Social Security #

Maiden Name: _____

3) (Secondary Caregiver)

Name: First Middle Last Birth Date Social Security #

Maiden Name: _____

4) List any other names by which either of you have been known.

5) Home Address

Email Address: _____

(Street/Apartment Number)

(Home Telephone Number)

(City/State/Zip)

(Mobile Telephone Number)

(County)

(School District)

How long have you resided at the present address? _____

Do you own _____ or rent _____ your home?

If you rent, when will your lease expire? _____

Please attach a copy of your lease.

Total number of rooms: _____

Number of bedrooms: _____

6) Children:

List the names and ages of any children born to either of you.

Born of current marriage:

Name: _____ Date of Birth: _____ Resides (City & State): _____

Born of other marriages or relationships:

Name: _____ Date of Birth: _____ Resides (City & State): _____

7) Marriages

Date and place of current marriage: _____

If either of you have previously been married, complete the following, for any prior marriage:

Husband: Date and place of Marriage _____ Name of Spouse _____

Date and place of Termination: _____ (Provide a copy of any divorce decree.)

Wife: Date and place of Marriage: _____ Name of Spouse _____

Date and place of Termination: _____ (Provide a copy of any divorce decree.)

Use the space below, or the reverse side, to list any other marriages:

8) List **everyone** (including primary caregiver, secondary caregiver, and any children) who resides in your home:

Name: First, Middle, Last	Date of Birth	Sex	Relationship	School, Address, & Grade

9) List all address at which you have resided in the past (10) years, along with the dates of residence:**(Primary Caregiver)**

(Address)	(Dates)
(Address)	(Dates)
(Address)	(Dates)

(Secondary Caregiver)

(Address)	(Dates)
(Address)	(Dates)
(Address)	(Dates)

10) Educational History . . . (Circle highest grade/level completed) Name of school
Highest Level

(Primary Caregiver)

(8 9 10 11 12) High School	(13 14 15 16) College/Tech.	(17+) Graduate School	_____
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(Secondary Caregiver)

(8 9 10 11 12) High School	(13 14 15 16) College/Tech.	(17+) Graduate School	_____
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II.EMPLOYMENT HISTORY (Including Military)

***Please supply complete Addresses

Primary Caregiver

(Employment history dating back 10 years is mandatory)

Foster Parent: _____

Company: _____

Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

Company: _____ Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

Company: _____ Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

II. EMPLOYMENT HISTORY (Including Military) - Continued

Secondary Caregiver

(Employment history dating back 10 years is mandatory)

Foster Parent: _____

Company: _____

Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

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Company: _____ Telephone #: _____

Address: _____

Start Date: _____ End Date: _____ Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

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Company: _____ Telephone #: _____

Address: _____

Start Date: _____ End Date: _____ Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

BUDGET WORKSHEET page 1

There is no requirement for any set income level. This worksheet is to give us a snapshot of your circumstances, to assess financial stability before any foster care reimbursements may be paid.

MONTHLY REVENUE

Monthly Take Home Pay:

1. _____ \$ _____
Employer Name

2. _____ \$ _____
Employer Name

Other Income:

1.. _____ \$ _____
Source

2. _____ \$ _____
Source

TOTAL REVENUE > \$ _____

Feel free to note any additional revenue below.

