

**FOSTER CARE APPLICATION
(Level 2)**

The information requested in this form is used in the foster home licensing process. Please answer each question completely. If additional space is required, please use a separate page to this form.

Applicant #1:

Name: _____ Birthdate: _____
Last First Middle

Birthplace: _____ Religion: _____
City State

Physical Description: _____
Height Weight Hair Eyes

Ethnicity _____

Hispanic/Latino/Latina? ___ YES ___ NO

Race: _____ Sex: (M or F): _____ Social Security Number: _____

Do you have family medical insurance? If yes, provide the company name

Date of Last Physical Exam: _____

Are you a WI resident? ___ YES ___ NO If yes, for how long? _____

Telephone No (home) _____ (work) _____ (cell) _____

E-mail: _____

Address: _____
Street Address City State Zip

Mailing Address (if different) City State Zip

Previous Addresses for Last 5 Years (Including Out-of-State or County):

Address: _____
Street Address City State Zip

Applicant #2:

Name: _____ Birthdate: _____
Last First Middle

Birthplace: _____ Religion: _____
City State

Physical Description: _____
Height Weight Hair Eyes

Ethnicity _____

Hispanic/Latino/Latina? ____YES ____NO

Race: _____ Sex: (M or F): _____ Social Security Number: _____

Do you have family medical insurance? If yes, provide the company name

Date of Last Physical Exam: _____

Are you a WI resident? ____YES ____NO If yes, for how long? _____

Telephone No (home) _____ (work) _____ (cell) _____

E-mail: _____

Address: _____
Street Address City State Zip

_____ Mailing Address (if different) City State Zip

Previous Addresses for Last 5 Years (Including Out-of-State or County):

Address: _____
Street Address City State Zip

Residence:

Length of time at current residence: _____

Type of current residence (house, apartment, duplex, etc.) _____ Age of dwelling: _____

Do you own or rent this residence? _____

Total number of rooms: _____ Number of bedrooms: _____ Number of bathrooms: _____

Square footage of home: _____ Square footage of foster youth bedroom: _____

Number of smoke alarms: _____

Do you have homeowner's/renter's insurance?: _____

If yes, name of insurance company?: _____

Policy Number: _____ Expiration Date: _____

Type of Plumbing/Septic: _____ Plumbing/Septic up to code? ___ Yes ___ No

Type of Electrical: _____ Electrical up to code? ___ Yes ___ No

Type of Heating/Air Conditioning: _____

Heating/Air Conditioning up to code? ___ Yes ___ No

Do you have pets? ___ Yes ___ No

If "Yes", what type and how many? _____ Animal(s) up-to-date on vaccinations? ___ Yes ___ No

List any repairs that are needed to the home: _____

List any internal hazards (fireplaces, staircases): _____

List any external hazards (lakes, rivers, railroad tracks, etc.) _____

List any farm machinery, outbuilding, outside pool or other hazardous machinery: _____

List any firearms or other weapons in the home. Specify how they and any ammunition are stored: _____

Marriage Information:

Date of present marriage (if applicable): _____

Place of present marriage: _____
City County State

***Applicant #1:**

Number of previous marriages: _____

Date of Marriage: _____

Place of Marriage: _____

Marriage ended by: Death _____

Divorce _____

Other _____

Date Marriage ended: _____

***Applicant #2:**

Number of previous marriages: _____

Date of Marriage: _____

Place of Marriage: _____

Marriage ended by: Death _____

Divorce _____

Other _____

Date Marriage ended: _____

** If more than one previous marriage, please provide information on a separate sheet of paper.

Children (biological and adopted whether in or out of the home at this time):

<u>Name</u>	<u>Gender</u> (M/F)	<u>Birthdate</u>	<u>School Grade</u> <u>or Occupation</u>	<u>Where</u> <u>Living</u>	<u>Health Condit./</u> <u>Medications</u>

Others Living In Household:

<u>Name</u>	<u>Gender</u> (M/F)	<u>Birthdate</u>	<u>Relationship</u> <u>to Applicant</u>	<u>SS #</u>	<u>WI Driver's Lic. Or</u> <u>State ID No.</u> (If 18 or older)

Education / Employment (Past five years):

***Applicant #1:**

Current Employment Status: _____ Employed _____ Unemployed
_____ Not in labor force (not looking for work, retired, disabled, etc.)

Occupation: _____
Employer: _____
Address: _____
 911 Street Address City State Zip
Phone Number: _____ Date employment began _____
Supervisor: _____
Working hours and days of the week: _____
Duties: _____

*Previous Employer: _____
Address: _____
 911 Street Address City State Zip
Phone Number: _____ Date employment began _____
Supervisor: _____
Position: _____
Duties: _____
Date Employment Ended: _____
Reason for Leaving: _____

*Previous Employer: _____
Address: _____
 911 Street Address City State Zip
Phone Number: _____ Date employment began _____
Supervisor: _____
Position: _____
Duties: _____
Date Employment Ended: _____
Reason for Leaving: _____

Education

- 01 to 11 Grade level completed in primary/secondary school. Enter last grade completed _____
- 12 High School Diploma, GED or National External Diploma Program
- 13 Awarded Associate's Degree
- 14 Awarded Bachelor's Degree
- 15 Awarded Graduate Degree (Master's or higher)
- 16 Other credentials (degree, certificate, diploma, etc.)
- 98 No formal education

Have you ever been in the military? _____
If yes, when and which branch? _____
Date of Enlistment: _____
Date/Type of Discharge: _____

***Applicant #2:**

Current Employment Status: _____ Employed _____ Unemployed
_____ Not in labor force (not looking for work, retired, disabled, etc.)

Occupation: _____
Employer: _____
Address: _____
 911 Street Address City State Zip
Phone Number: _____ Date employment began _____
Supervisor: _____
Working hours and days of the week: _____
Duties: _____

*Previous Employer: _____
Address: _____
 911 Street Address City State Zip
Phone Number: _____ Date employment began _____
Supervisor: _____
Position: _____
Duties: _____
Date Employment Ended: _____
Reason for Leaving: _____

*Previous Employer: _____
Address: _____
 911 Street Address City State Zip
Phone Number: _____ Date employment began _____
Supervisor: _____
Position: _____
Duties: _____
Date Employment Ended: _____
Reason for Leaving: _____

Education

- 01 to 11 Grade level completed in primary/secondary school. Enter last grade completed _____
- 12 High School Diploma, GED or National External Diploma Program
- 13 Awarded Associate's Degree
- 14 Awarded Bachelor's Degree
- 15 Awarded Graduate Degree (Master's or higher)
- 16 Other credentials (degree, certificate, diploma, etc.)
- 98 No formal education

Have you ever been in the military? _____
If yes, when and which branch? _____
Date of Enlistment: _____
Date/Type of Discharge: _____

Financial Information:

Applicant #1

Net monthly income from employment: _____

Child Support: _____

Maintenance: _____

Unemployment: _____

Adoption Assistance: _____

Kinship Care: _____

From which agency? _____

SSI: _____

SSD: _____

SSA: _____

Supplemental: _____

TOTAL MONTHLY INCOME: _____

Applicant #2

Net monthly income from employment: _____

Child Support: _____

Maintenance: _____

Unemployment: _____

Adoption Assistance: _____

Kinship Care: _____

From which agency? _____

SSI: _____

SSD: _____

SSA: _____

Supplemental: _____

TOTAL MONTHLY INCOME: _____

Household Monthly Expenses:

Rent/mortgage payment: _____

Heat/utilities: _____

Car payment: _____

Credit card payment: _____

Groceries: _____

Recreation/entertainment: _____

Transportation: _____

Installment purchases: _____

Savings: _____

Clothing: _____

Charitable contributions: _____

Insurance premiums: _____

Medical/dental: _____

Household expenses: _____

Education expenses: _____

Other expenses: _____

TOTAL MONTHLY EXPENSES: _____

Previous Foster Care:

***Applicant #1:**

Have you ever applied for been granted a foster care or other child care license? _____

If yes, answer the following for all licenses:

Name of Licensing Agency _____

Type of License _____

Date of Application _____

Period of Licensure _____

Closing Reason _____

Have you ever had a license or certification revoked? _____

If yes, provide date, reason and revoked by which agency:

***Applicant #2:**

Have you ever applied for been granted a foster care or other child care license? _____

If yes, answer the following for all licenses:

Name of Licensing Agency _____

Type of License _____

Date of Application _____

Period of Licensure _____

Closing Reason _____

Have you ever had a license or certification revoked? _____

If yes, provide date, reason and revoked by which agency:

NOTE: REAPPLICATION FOLLOWING DENIAL OR REVOCATION: No applicant or former licensee previously denied a license or whose license was revoked may reapply for a license within a period of 2 years following the effective date of licensing denial or revocation.

The following information is to be filled out by the Applicant #1:

As a child placing agency, we assume responsibility for placing children in secure, healthy, family situations. The information requested below will help us in determining the suitability of placing a child in your home. Answering "yes" to any of the questions will not necessarily disqualify you from being considered as foster parents. Individual circumstances will be taken into account. All information provided will be held in confidence.

Have you or any member of your immediate family or household ever been treated for a drinking or drug problem?

If yes, please complete the following:

Person(s): _____
Treatment provided by: _____
Dates of treatment: _____

Have you or any member of your immediate family or household ever been treated for an emotional or psychiatric problem? _____

If yes, please complete the following:

Person(s): _____
Treatment provided by: _____
Dates of treatment: _____

Have you or any member of your immediate family or household ever been arrested for violating a law, including traffic violations? _____

If yes, please complete the following:

Person(s): _____
Date(s) of arrest: _____
Offense(s): _____
Was there a conviction? _____

References:

Please list three individuals who can serve as personal references. Do not include relatives or employers. Persons named should live in this area.

#1:

Name: _____
Relationship to applicant: _____
Mailing address: _____
Street City State Zip
Phone Number: _____ Length of time known: _____

#2:

Name: _____
Relationship to applicant: _____
Mailing address: _____
Street City State Zip
Phone Number: _____ Length of time known: _____

#3:

Name: _____
Relationship to applicant: _____
Mailing address: _____
Street City State Zip

Phone Number: _____ Length of time known: _____

Your children:

Please describe each of your children in the space provided below. In describing your children please include their typical behaviors, peer relationships, school performance and behaviors, and general temperament.

History:

Describe your childhood history and adult history, please include history of relationships, and health history (including a list of any medications and reason for use & all hospitalizations, reasons and dates).

Parenting:

What are your parenting practices? (Please include: concern, frustrations, difficulties, expectations, discipline, provision of basics, and supervision).

Social:

What is your social life like? Please include friends, organizations, etc.

Family Organization:

How does the family interact and communicate? Please include who is in charge, how family decisions are reached, and the general feeling within the family.

Extended Family:

What is the relationship with extended family? Are they supportive of your family?

Foster Children:

How do you view children who are placed in foster care?

How do you view parents who abuse or neglect their children, who place their children in foster care, and parents whose children are placed by a court in foster care?

Why do you want to become a foster parent?

I understand that the licensing agency may contact the Wisconsin department of justice and any similar agency in another state, any federal or local law enforcement agency, any social services agency or any other public or private agency to determine if there is any reason specified under s. 48.685, Stats., ch. DHS 12, s DCF 56.05 (1)(a)3. or any other part of DCF 56 for an applicant to not be granted a license. I understand that, to insure the safety of foster children, the Trempealeau County Department of Human Services is required to obtain the following information:

1. Records checks including:
 - Caregiver Background (in WI and other applicable states)
 - Department of Justice
 - Fingerprint background check of the NCID
 - Child abuse/neglect records (all applicable states/counties)
 - Daycare certification/licensure
 - Trempealeau County Sheriff's Department
 - Local law enforcement agencies
 - CCAP
 - Sex Offender Registry
2. Character References
3. Insurance Verification
4. Protective Service Report from the County Department of Social or Human Services
5. Health Examinations for Household members
6. Fire safety inspection
7. Water test
8. Written documentation of household pets up to date rabies vaccinations

I understand that agency policy strictly prohibits the use of physical or corporal punishment on foster children. Spankings, slapping, whippings, etc. are not tolerated and will not be utilized by foster parents on foster children. I understand that the use of physical or corporal punishment on a foster child may jeopardize my foster home license and could result in a Protective Service Investigation.

My signature below:

1. Grants the Trempealeau County Department of Human Services permission to obtain specified information for the purpose of Foster Home Licensing;
2. Signifies my understanding of the agency's policy concerning the discipline of foster children, as well as my understanding that falsifying any of the information on this form may be grounds for revocation of my Foster Home License, should a license be issued.
3. Acknowledges that I have received, read, and understand the Wisconsin Administrative Code (DCF56) – Foster Home Care For Children.

Signature of Applicant #1

Date

The following information is to be filled out by the Applicant #2:

As a child placing agency, we assume responsibility for placing children in secure, healthy, family situations. The information requested below will help us in determining the suitability of placing a child in your home. Answering "yes" to any of the questions will not necessarily disqualify you from being considered as foster parents. Individual circumstances will be taken into account. All information provided will be held in confidence.

Have you or any member of your immediate family or household ever been treated for a drinking or drug problem?

If yes, please complete the following:
Person(s): _____
Treatment provided by: _____
Dates of treatment: _____

Have you or any member of your immediate family or household ever been treated for an emotional or psychiatric problem? _____

If yes, please complete the following:
Person(s): _____
Treatment provided by: _____
Dates of treatment: _____

Have you or any member of your immediate family or household ever been arrested for violating a law, including traffic violations? _____

If yes, please complete the following:
Person(s): _____
Date(s) of arrest: _____
Offense(s): _____
Was there a conviction? _____

References:

Please list three individuals who can serve as personal references. Do not include relatives or employers. Persons named should live in this area.

#1:
Name: _____
Relationship to applicant: _____
Mailing address: _____
Street City State Zip
Phone Number: _____ Length of time known: _____

#2:
Name: _____
Relationship to applicant: _____
Mailing address: _____
Street City State Zip
Phone Number: _____ Length of time known: _____

#3:
Name: _____
Relationship to applicant: _____
Mailing address: _____
Street City State Zip
Phone Number: _____ Length of time known: _____

Your children:

Please describe each of your children in the space provided below. In describing your children please include their typical behaviors, peer relationships, school performance and behaviors, and general temperament.

History:

Describe your childhood history and adult history, please include history of relationships, and health history (including a list of any medications and reason for use & all hospitalizations, reasons and dates).

Parenting:

What are your parenting practices? (Please include: concern, frustrations, difficulties, expectations, discipline, provision of basics, and supervision).

Social:

What is your social life like? Please include friends, organizations, etc.

Family Organization:

How does the family interact and communicate? Please include who is in charge, how family decisions are reached, and the general feeling within the family.

Extended Family:

What is the relationship with extended family? Are they supportive of your family?

Foster Children:

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How do you view parents who abuse or neglect their children, who place their children in foster care, and parents whose children are placed by a court in foster care?

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 - Daycare certification/licensure
 - Trempealeau County Sheriff's Department
 - Local law enforcement agencies
 - CCAP
 - Sex Offender Registry
2. Character References
3. Insurance Verification
4. Protective Service Report from the County Department of Social or Human Services
5. Health Examinations for Household members
6. Fire safety inspection
7. Water test
8. Written documentation of household pets up to date rabies vaccinations

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2. Signifies my understanding of the agency's policy concerning the discipline of foster children, as well as my understanding that falsifying any of the information on this form may be grounds for revocation of my Foster Home License, should a license be issued.
3. Acknowledges that I have received, read, and understand the Wisconsin Administrative Code (DCF56) – Foster Home Care For Children.

Signature of Applicant #2

Date