



PROFESSIONAL FOSTER PARENT APPLICATION

PRIMARY FOSTER PARENT

Name: _____

Mailing Address: _____

Physical Address: _____

Date of Birth

SECONDARY FOSTER PARENT

Name: _____

Mailing Address: _____

Physical Address: _____

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Please answer the following questions:

1. Are you currently licensed as a foster home? Yes No
 (If yes, please attach a copy of your current license).

If Applicable:

Name of DHS Licensing Worker: _____

DHS Office Location: _____

2. Have you completed Pre-Service Training (AFFT)?
 Primary Parent: Yes No Secondary Parent: Yes No
 If yes to above, please attach proof of completion.

If no to above, please explain (if additional room is needed, please attach a page):

Primary: _____ Secondary: _____

3. Please check all of the following qualifications that apply:

QUALIFICATION	PRIMARY PARENT	SECONDARY PARENT
Applicant is at least 21 years of age	<input type="checkbox"/>	<input type="checkbox"/>
Capable of exercising good judgment in meeting the needs of foster children and not engaged in practices detrimental to the welfare of children	<input type="checkbox"/>	<input type="checkbox"/>
No history of / or have successfully resolved any of the following: Substance Abuse issues Family Violence Sexual Abuse Relationship / Marital Difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver has verifiable experience working with children with moderate to severe emotional and / or behavioral needs. Documentation of such is noted as the following: One (1) year of experience as a Foster Parent or Respite Provider. Six (6) months work experience with children who have moderate to severe emotional and / or behavioral needs.	<input type="checkbox"/>	<input type="checkbox"/>
Currently / or will have at time of licensure at least (1) course dealing with special needs of moderately to severely handicapped children.	<input type="checkbox"/>	<input type="checkbox"/>
Available for 24-hour (in home) supervision of foster children	<input type="checkbox"/>	<input type="checkbox"/>

4. Please attach copies of current CPR, First Aid, Universal Precautions (Preventing Disease Transmission), and Therapeutic Hold Training Certifications for each applicant. Please explain on an attached page if either applicant does not have any of the above trainings.

Please complete all forms in black ink.

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Note: If you have any questions regarding your application, please call SMART Child and Family Services at (207) 893-0386 for more information.

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5. For each applicant, attach a summary describing education and relevant training, work history, experience working with children, other languages spoken including American Sign Language, interests and hobbies.
6. Please provide three (3) personal references. Persons must be non-family members who have known applicant(s) at least one year and who can comment on applicant(s) parenting abilities:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

7. Do you have any current, or history of, foster home licensing and / or institutional abuse investigations?

Primary Parent: Yes No Secondary Parent: Yes No

If yes to above, please explain on an attached page.

8. I / We agree to have my / our name and address listed and distributed in the in-house Foster Parent Directory. Yes No

SMART Child and Family Services will not discriminate on the basis of sex, religion, race, nationality, or sexual orientation.

Signature of Primary Foster Parent Applicant

Date

Signature of Secondary Foster Parent Applicant

Date

Please complete all forms in black ink.

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