

FOSTER HOME APPLICATION Part A

Father's Name	Birthdate	Work Phone
Mother's Name	Birthdate	Home Phone
		Cell Phone

Address	City	State	Zip Code
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Church Membership	Address	City	State	Zip Code
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Minister	Church Phone #	Home Phone
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Please list below any positions of leadership or organizational memberships of husband/wife:

Please list below any hobbies/interests of husband/wife:

Family's Income Range: \$10-15,000 \$15-20,000 \$20-30,000 Up

Living Arrangement: Own Home _____ How Long?
 Renting _____ How Long?
 Other _____ Explain

Please list below names of children residing in your household:

Child's Name	Birthdate	Age	Grade	School
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Child's Name	Birthdate	Age	Grade	School
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Child's Name	Birthdate	Age	Grade	School
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Child's Name	Birthdate	Age	Grade	School
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Please list below any organizations/hobbies/interests of your children:

Part B

Child-caring Experience: Have you ever had a foster child before? Yes No

Foster Care Agency: _____

Describe any other child-caring experiences (relative's child/neighbor/etc.):

What are your reasons for desiring to be foster care parents?

Neighbors: Are there any neighbors who might be opposed to your having foster children? Yes No

Do you maintain good relations with most of your neighbors? Yes No

Do any problems exist between your children and neighbors? Yes No

Please add any additional comments:

Anticipated Changes in Lifestyle: Do you foresee any changes in your lifestyle in the next year or two? (Examples: grandparents moving in, change in jobs, move to new house, etc.)

Travel: How often does your family travel? To what places do you travel?

Schools: Please describe the school situation in your area (Names/Public/Private/Distance From Home): _____

Fire/Police: Describe the proximity to your home of these services:

Hospitals/Paramedics: Describe the proximity to your home of these services:

Part C

Age and Sex Preference for Prospective Foster Child:

Family Units: In order to keep siblings together, how many children would you be willing to take? _____

Non-Related Children: How many non-related children would you be willing to take? _____

Length of Placement: Please check the placement you prefer and comment:

___Emergency/Respite ___Short-Term ___Long-Term

Part D

References: Please list below names, addresses, and phone numbers:

a. Minister: Name: _____ Phone: _____
Address: _____

b. Employer: Name: _____ Phone: _____
Address: _____

c. Extended Name: _____ Phone: _____
Family Address: _____ Phone: _____
Member

d. Other: Name: _____ Phone: _____
Address: _____

e. Other: Name: _____ Phone: _____
Address: _____

Please inform the above references that Christian City will be contacting them regarding their relationship with your family. They do not need to send a letter to Christian City. After they are contacted by telephone by the social worker, a reference form is mailed to them.

Should you have further questions, please feel free to call (770-964-9390). Thank you for your interest in the Christian City Foster Care Program.

Please return the application to: Christian City Home For Children
7345 Red Oak Road
Union City, GA 30291
ATT: Jill Thompson