



380 Pleasant Street  
Suite 12  
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## FOSTER PARENT APPLICATION

DATE: \_\_\_\_\_

NAME(S): 1. \_\_\_\_\_ 2. \_\_\_\_\_

DOB: 1. \_\_\_\_\_ SS#: 1. \_\_\_\_\_ RACE: 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_ 2. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ WORK TELEPHONE#: \_\_\_\_\_

CELL PHONE: # \_\_\_\_\_ FAX: # \_\_\_\_\_

E-MAIL - \_\_\_\_\_

MARITAL STATUS: S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ COMMITTED NON-MARRIED \_\_\_\_\_

OTHER OCCUPANTS IN HOME:	RELATIONSHIP:	DOB:	SS#:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE ANY PETS THAT RESIDE IN THE HOME: \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR FOSTER CARE PROGRAM? \_\_\_\_\_

LANGUAGE(S) SPOKEN IN HOME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ADDRESS (ES) & TELEPHONE(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AVERAGE GROSS WEEKLY HOUSEHOLD INCOME: \_\_\_\_\_



EDUCATION (LAST GRADE OR DEGREE COMPLETED): 1. \_\_\_\_\_ 2. \_\_\_\_\_

HAVE YOU, OR ANYONE CURRENTLY RESIDING IN YOUR HOME, EVER HAD ANY CRIMINAL CHARGES OR CONVICTIONS in MASSACHUSETTS OR OUT OF STATE? YES \_\_\_\_ NO \_\_\_\_

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD, EVER BEEN INVOLVED IN ANY WAY WITH THE DEPARTMENTS OF CHILDREN AND FAMILIES OR YOUTH SERVICES? (has a 51A been filed and/or supported) YES \_\_\_\_ NO \_\_\_\_

DOES ANYONE LIVING IN THE HOME OWN a FIREARM? YES \_\_\_\_ NO \_\_\_\_ If yes, Who?  
\_\_\_\_\_

HOW LONG HAVE YOU LIVED IN MASSACHUSETTS? \_\_\_\_\_

IF LESS THAN TEN YEARS, WHERE DID YOU LIVE BEFORE? \_\_\_\_\_  
\_\_\_\_\_

PLEASE BRIEFLY EXPLAIN WHY YOU WANT TO BE A FOSTER PARENT:  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ NUMBER OF BEDS FOR FOSTER CARE: \_\_\_\_\_

SIZE OF BEDROOM(S) FOR FOSTER CHILDREN: \_\_\_\_\_

**I HEREBY APPLY TO BE A FOSTER PARENT. IN DOING SO, I AGREE TO PARTICIPATE IN A HOMESTUDY EVALUATION TO DETERMINE MY QUALIFICATIONS, THE OBTAINING OF REFERENCES, THE RELEASE OF ANY INFORMATION FOR THIS STUDY, AND TO ALLOW AN INSPECTION OF MY HOME AND A BACKGROUND RECORDS CHECK OF ALL HOUSEHOLD MEMBERS FOURTEEN YEARS OF AGE AND OLDER. I ALSO GRANT PERMISSION TO *Northeast Center for Youth and Families, INC.* TO CONTACT THE APPROPRIATE AGENCIES FOR THE PURPOSE OF OBTAINING INFORMATION (Including Criminal and DSS histories) NECESSARY TO INSURE PROPER FOSTER CARE PLACEMENT. I UNDERSTAND ALL INFORMATION WILL BE HELD CONFIDENTIAL.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE