

Better Life Children Services

1337 Howe Avenue, Sacramento, CA 95825

916-641-0661

916-641-0664 Fax

Serving Sacramento and Surrounding Counties

FOSTER PARENT APPLICATION

Please fill out and submit by fax or mail

Married Divorced Separated Widowed Single

If married, how long? _____

Applicant's Name(s): _____

Applicant's Address: _____

City: _____ State: CA ZIP: _____

How Long At This Address? _____ How Long In This State? _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Applicant 2 Work Phone: _____ Cell Phone: _____

Applicant 1: Date of Birth: _____

Applicant 2: Date of Birth: _____

How did you hear about Better Life Children Service? _____

Do You Speak Another Language? Yes No

If yes, what _____

Have you ever applied, been certified or licensed by another agency or county?

Yes No

If yes, please explain and give dates: _____

Are You A Licensed Day Care Provider? Yes No

If yes, how many years?

Please give your reason(s) for wanting to be a foster parent: _____

List All Individuals Living In The Home (children, relatives, renters, etc.)

Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____

Children Away From Home:

Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____
 Name: _____ Relationship _____ Age: _____ Male: _____ Female: _____

Do You Have Any Other Adult living On Your Property? Yes No

If yes, please explain _____

EMPLOYMENT

Applicant 1:

Employer: _____

How Long: _____

Job Title: _____

Full time: Yes No

Part time: Yes No

Days Worked: M T W Th F S Su

Hours per/week: _____

Other Income: _____

Past Employment History:

Employer, dates employed and phone number

1. _____
2. _____
3. _____

Work Related Training: _____

EMPLOYMENT

Applicant 2:
Employer: _____
How Long: _____
Job Title: _____
Full time: Yes No
Part time: Yes No
Days Worked: M T W Th F S Su
Hours per/week: _____
Other Income: _____

Past Employment History:
Employer, dates employed and phone number

- 1. _____
- 2. _____
- 3. _____

Work Related Training: _____

EDUCATION

Applicant 1: Highest Grade Completed _____
Degree: _____
Applicant 2: Highest Grade Completed _____
Degree: _____

INVOLVEMENT WITH THE LAW: Have you or anyone else residing in your Home ever been arrested or convicted of a crime?

Yes No (Do not include minor traffic violations)

If yes, please explain:

Has there ever been any child protective service intervention or report of suspected child abuse? Yes No

If yes, please explain

VEHICLE INFORMATION

Do you own a car? Yes No

Driver's License Number: Applicant 1 _____ Applicant 2 _____

Insurance Company: Applicant 1 _____ Applicant 2 _____

Children coming into your home will need transportation to family visits/medical/visits/medical/dental/therapy and court hearing appointments.

Is automobile available at all times? Yes No

HOUSING: Check as many as apply

Single Family Dwelling Duplex Triplex Condo

Home Owned/Purchasing Renting Apartment

Number of Bedrooms

Number of Bathrooms

Pool/SPA Covered Yes No

Hot Tub Covered Yes No

Pond Covered Yes No

Fenced Covered Yes No

Fireplace Covered Yes No

Wood Stove Covered Yes No

Do you have home owners/renter insurance? Yes No

Insurance Company _____

The Child(ren) That You Would Be Willing To Take As A Foster Child:

I will take males or females any age: Yes No

Females: (0-6) (7-12) (13-17)

Males: (0-6) (7-12) (13-17)

Available beds for foster children: Girls Boys Total

FOSTER PARENTING QUESTIONS

Are you willing to work under the direction of a Better Life's Social Worker?

Yes No

Are you able to discipline a child without using corporeal punishment?

Yes No

If no, please explain _____

Are you able to ensure the direct care and supervision of the child?

Yes No

Are you willing to enroll your foster child in extracurricular activities to assist in their social and emotional development?

Yes No

If no, please explain _____

Is religion an important part of your family

Yes No

Please explain _____

Are you able to respect the personal rights of a foster child?

Yes No

Foster children may have a myriad of problems due to deprived environments and lack of appropriate structure. Please indicate which behaviors you would not be willing to tolerate:

- Lying/cheating
- Inability to bond after several months
- Cursing/profanity
- Temper Tantrums
- Stealing
- Hoarding/Stealing/ Hiding Food
- Property destruction
- Bedwetting
- Obesity
- Aggressiveness/Hostility
- Very poor personal hygiene
- School problems/learning disabilities
- Depression/Withdrawal
- Poor peer relationships
- Jealousy with your children
- Medical problems

Have you asked your children how they feel about a foster child coming into their home?

Yes No N/A

How do you (did you) discipline your children? Check all that apply

- Firm voice Spanking Withdraw Privileges
- Time Outs Extra Chores Take Away Toys
- Restriction Exercise Writing Sentences

Other, please explain: _____

What types of rules are important in your family?

HEALTH:

Do you or anyone in you family have physical, medical, or mental conditions that may limit your ability as an effective foster parent?

Yes No

If yes, please explain _____

FINANCIAL STATEMENT

INCOME: Take Home Pay – specify if otherwise

List Source and Amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Income \$ _____

EXPENSES

Rent/Mortgage Payment/Rent \$ _____

Auto Loans \$ _____

Utilities \$ _____

Food \$ _____

Insurance Payments \$ _____

Credit Card Payments \$ _____
Other Expenditures \$ _____

Total Monthly Expenses \$ _____

Are You Seeking To Supplement your income through foster parenting?

Yes No

If yes, explain _____

REFERENCES: List name, address, city, state, zip code, and phone number of three persons, who can give information about your background, character, abilities, etc.

Name: _____
Address: _____
CITY, STATE & ZIP: _____
PHONE: (AREA CODE) _____

Name: _____
Address: _____
CITY, STATE & ZIP: _____
PHONE: (AREA CODE) _____

Name: _____
Address: _____
CITY, STATE & ZIP: _____
PHONE: (AREA CODE) _____

I affirm that all statements made herein are true and that any misstatements or omissions of material facts may disqualify me as a potential foster parent.

Applicant 1 Signature

Date

Applicant 2 Signature

Date