



<h1 style="margin: 0;">FOSTER HOME APPLICATION</h1>	Directions to home (attach additional sheets if necessary)
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Applicant				
(Last Name) _____ (First Name) _____ (MI) _____			Date of Birth: _____ Driver's License #: _____	
Social Security No. _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
			Home Phone: _____ Work Phone: _____	
Race/Ethnic Background	Cultural Origin	Current Marital Status	Religious Affiliation (optional)	Employment Status
<input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> African-American (B) <input type="checkbox"/> Caucasian (W) <input type="checkbox"/> American Indian/Alaskan Native (I) Tribe: _____ <input type="checkbox"/> Background is Unknown (U)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other Than Hispanic (O) <input type="checkbox"/> Unknown (U)	<input type="checkbox"/> Married (MAR) <input type="checkbox"/> Separated (SEP) <input type="checkbox"/> Never Married (NEV) <input type="checkbox"/> Divorced (DIV) <input type="checkbox"/> Widow(er) (WID)	Employer/Occupation	<input type="checkbox"/> Employed Full Time (F) <input type="checkbox"/> Employed Part Time (P) <input type="checkbox"/> Retired (R) <input type="checkbox"/> Not Employed (U) <input type="checkbox"/> Never Employed (N)
			Yearly Income: \$ _____	
Do you now or have you ever provided care to adults or children other than your own family? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to be a foster parent with any agency, private or public? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please specify approximate year of application: _____, type of application _____, and agency _____				

Co-Applicant				
(Last Name) _____ (First Name) _____ (MI) _____			Date of Birth: _____ Driver's License #: _____	
Social Security No. _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
			Home Phone: _____ Work Phone: _____	
Race/Ethnic Background	Cultural Origin	Current Marital Status	Religious Affiliation (optional)	Employment Status
<input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> African-American (B) <input type="checkbox"/> Caucasian (W) <input type="checkbox"/> American Indian/Alaskan Native (I) Tribe: _____ <input type="checkbox"/> Background is Unknown (U)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other Than Hispanic (O) <input type="checkbox"/> Unknown (U)	<input type="checkbox"/> Married (MAR) <input type="checkbox"/> Separated (SEP) <input type="checkbox"/> Never Married (NEV) <input type="checkbox"/> Divorced (DIV) <input type="checkbox"/> Widow(er) (WID)	Employer/Occupation	<input type="checkbox"/> Employed Full Time (F) <input type="checkbox"/> Employed Part Time (P) <input type="checkbox"/> Retired (R) <input type="checkbox"/> Not Employed (U) <input type="checkbox"/> Never Employed (N)
			Yearly Income: \$ _____	
Do you now or have you ever provided care to adults or children other than your own family? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to be a foster parent with any agency, private or public? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please specify approximate year of application: _____, type of application _____, and agency _____				

Home Address:						
(Street/ Route)	(Bldg/Apt)	(City)	(State)	(Zip)	(County of Residence)	
Mailing Address If Different:						
(Street/ Route)	(Bldg/Apt)	(City)	(State)	(Zip)		

Own Children: List all of your children including adult children. (Attach additional sheets if necessary.)

Name	Date of Birth	Gender	Relationship	OR Driver's License #	

All Others in Household: (Attach additional sheets if necessary)

Name	Date of Birth	Gender	Relationship	OR Driver's License #	

Schools

Nearest Elementary School:	City:	Distance:
Nearest Middle School/Jr. High:	City:	Distance:
Nearest High School:	City:	Distance:

Housing

Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewer System: <input type="checkbox"/> Public <input type="checkbox"/> Private	No. of Bathrooms:			
Sleeping Arrangements:	Floor Location				Please specify individuals and number of beds
	Main	2 nd Floor	Basement	Attic	
Bedroom 1					
Bedroom 2					
Bedroom 3					
Bedroom 4					

Please list all child abuse and neglect allegations made against ANY adult living in the household including adult volunteers or employees or unrelated persons: (Attach additional sheets if necessary and Attach a written explanation of how each allegation was resolved.)

Name	Allegation	Date of Incident	City	State

Insurance Information

	Company Name	Policy Number	Coverage Amount	Expiration Date
Home/Renters:				
Auto:				

References (Please list at least four references, three of whom are unrelated, who have known you for two years or more and who can attest to your ability to provide care and supervision to youth offenders. In addition, the NDI may contact schools, employers, and other persons, including adult children, as references.)

Name (First, Last)	(Telephone Number)
Mailing Address (Street)	(City) (State) (Zip)
Name (First, Last)	(Telephone Number)
Mailing Address (Street)	(City) (State) (Zip)
Name (First, Last)	(Telephone Number)
Mailing Address (Street)	(City) (State) (Zip)
Name (First, Last)	(Telephone Number)
Mailing Address (Street)	(City) (State) (Zip)

Work Experience

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of Supervisor	Employment Dates	Salary
Your Last Job Title:		From To	Start Final
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of Supervisor	Employment Dates	Salary
Your Last Job Title:		From To	Start Final
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of Supervisor	Employment Dates	Salary
		From To	Start Final
Your Last Job Title:			
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Training (Please attach additional sheet(s) describing training, skills, or aptitudes which you feel qualify you to be a foster parent.)

- Has any certificate, license or approval issued to either applicant, for the purpose of caring for a child or adult, been suspended, revoked, withdrawn or denied? **No** **Yes**
(If yes, complete below.)
- Has either applicant ever applied to care for a child or adult with any public or private agency – this would include daycare, adult foster care, or developmental disabilities services? **No** **Yes**
(If yes, complete below.)

Applicant 1	Applicant 2:	Agency name:	Date:	State:	Adult or child:
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

The Next Door, Inc. (NDI) is legally responsible for assuring the physical, mental, and emotional well-being of children placed in substitute care. Oregon Law requires that an investigation be made of applicants who desire to operate a foster home. By signing this application, you agree to cooperate in the investigation and to comply with NDI Rules (including its policy on discipline) governing certification of foster homes. Falsification of information on this application is a criminal offense and will disqualify a prospective applicant. By signing this form, you agree that you have read and understand the Rules regulating the certification of foster homes.	
(Signature of Applicant)	(Date)
(Signature of Co-Applicant)	(Date)