

DePAUL FAMILY SERVICES  
5650 HOLLINS ROAD  
ROANOKE, VA 24019

**FOSTER/ADOPTIVE PARENT APPLICATION**

Husband's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
                                    First                    Middle                    Last

Social Security Number \_\_\_\_\_

Wife's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
                                    First                    Middle                    Last

Social Security Number \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip                                    (County)

How long have you resided at the above address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you reside at previous address? \_\_\_\_\_

Other states resided in during previous 5 years and length of time in each. \_\_\_\_\_

**EDUCATION:** *(Please circle the number of years you have completed).*

Husband:    1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

Wife:        1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

**EMPLOYMENT:**

	Employer	Address & Phone	Position	Employed	
				From	To

Husband's  
Current

Husband's  
Previous

Wife's  
Current

Wife's  
Previous

Approximate Annual Income:  
(Combined Salary):

Gross \_\_\_\_\_ Net \_\_\_\_\_

**FOSTER/ADOPTIVE CHILDREN:**

Are you interested in fostering, adopting or both? \_\_\_\_\_

Please indicate the type of child you might be interested in:

Age: 0-5 \_\_\_\_ 6-12 \_\_\_\_ 13-18 \_\_\_\_ Sex: Female \_\_\_\_ Male \_\_\_\_ Race \_\_\_\_\_

Medical	Emotional/Behavioral Issues	Mental Retardation	Problems
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Mild

Moderate

Severe

**MEMBERS OF HOUSEHOLD:**

CHILDREN ( <i>Name, Birthdate</i> )	ADULTS ( <i>Name, Age, Relationship</i> )
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Do you have any pets? If so, please list each pet, their type, age and temperament:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that my pets are all licensed and have had all of their shots: \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a current driver's license? \_\_\_ Yes \_\_\_ No

Do you have an automobile? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PRIOR FOSTER/ADOPTIVE PARENTING EXPERIENCE:**

Have you ever applied to or worked with another agency as a foster parent? \_\_\_\_\_

If yes, when and what agency \_\_\_\_\_  
\_\_\_\_\_

What are your reasons for wanting to be a foster/adoptive parent? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience with children. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please give the names of **three (3)** persons unrelated to you who are aware of your concern for children. Please give the name of **one (1)** relative who is aware of your concern for children. If you have been a Virginia resident for less than five years, include two references from the previous state of residence.

NAME

ADDRESS

PHONE

1. \_\_\_\_\_

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

3. \_\_\_\_\_

4. \_\_\_\_\_

Please give the same information for all out of home adult children.

1. \_\_\_\_\_

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

3. \_\_\_\_\_

I certify that the above information is accurate and true to the best of my knowledge.

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SIGNATURE

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DATE

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SIGNATURE

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DATE