

Salem Office  
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P.O. Box 3779  
Chester, VA 23831  
PHONE: (804) 201-9006  
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### CERTIFIED FOSTER PARENT APPLICATION

Name(s): \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Residence:

Full Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

E-Mail Address:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Personal Data: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Location of Birth)

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Education: \_\_\_\_\_ (High School) \_\_\_\_\_ (Location) \_\_\_\_\_ (Year Graduated) \_\_\_\_\_ (College/Vocation) \_\_\_\_\_ (Year Graduated)

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Employment: \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_ Length of Service

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Father's Information:

Married:  Yes  No  Single  Divorced  Deceased

If married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ Who performed the ceremony: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Where do you attend: \_\_\_\_\_

How often? \_\_\_\_\_ Approximate Monthly Income: \_\_\_\_\_

**Mother's Information:**

Married:  Yes  No  Single  Divorced  Deceased

If married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ Who performed the ceremony: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Where do you attend? \_\_\_\_\_

How often? \_\_\_\_\_ Approximate Monthly Income: \_\_\_\_\_

**Children (include all regardless of age):**

Name	Date of Birth	Grade or Occupation	Reside at Home?

**Other Household Members:**

Name	Age	Grade in School or Occupation	Relationship

**Child Preferred:**

Sex:	Age Range	Disability?	More than one child?
<input type="checkbox"/> Male <input type="checkbox"/> Female	Male: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Siblings	Female: _____		

I/We affirm that my/our household has sufficient income to handle routine daily and monthly expenses without the addition of a foster care payment.

I/We understand that submission of this application does not obligate the agency to conduct a Home Study or to place a child in my/our home, nor does it obligate me/us to accept a placement that may be offered.

Applicant's signature	Date
Applicant's signature	Date

\*Application Received in agency on \_\_\_\_\_ by \_\_\_\_\_.