

Adolescent & Family Growth Center, Inc.
8000 Forbes Place
Springfield, Virginia 22151
703-425-9200

FOSTER HOME APPLICATION

Date of Application: _____

Personal Information:

Applicant's Full Name: _____

Birth date: _____ Soc. Sec. #: _____ Work Phone: _____

Co-Applicant Full Name: _____

Birth date: _____ Soc. Sec. #: _____ Work Phone: _____

Home Phone #: _____ Cellular Phone #: _____

Email Address (es): _____

Address: _____

Directions to Home: _____

Date of Marriage: _____ Location: _____

| | Applicant | Co-Applicant |
|-----------------|-----------|--------------|
| Faith/Religion: | _____ | _____ |
| Place of Birth: | _____ | _____ |
| Education: | _____ | _____ |
| Occupation: | _____ | _____ |
| Title/Position: | _____ | _____ |
| Employer: | _____ | _____ |
| Address: | _____ | _____ |
| | _____ | _____ |
| Hours: | _____ | _____ |
| Monthly Income: | _____ | _____ |

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Please provide the prior addresses and dates for the past five years, if more space is needed, please attach a separate sheet. If a couple, this is required for both parties.

Name at time of residency: _____

Dates of residency: _____

Street Number and address: _____

City, State, Zip: _____

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Other Members of the Household:

Children: (List their name, gender and birth date)

1. _____
2. _____
3. _____
4. _____
5. _____

Adults: (List their name, gender, birth date, and relationship to you)

1. _____
2. _____
3. _____
4. _____

Children no longer living in your home: (List name, age, gender)

1. _____
2. _____
3. _____
4. _____

Please Describe your hobbies, special interests, and community activities:

Have you ever fostered? _____ **What agency?** _____

Address & Phone#: _____

What age range did you foster? _____

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What experiences have you had with children (at home, job, training, etc.)

What available space would you have for a foster child (i.e.: separate room):

What experiences have you had working with special needs children?

What is your reason for wanting to foster special needs children?

Please describe the type of child or children you and your household would prefer to have in foster care. Include in your description such factors as age, sex, race, intellectual ability and acceptable behaviors. Indicate reasons for your preferences.

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What behaviors in a foster child would be completely unacceptable in your family?

PERSONAL REFERENCES:

Please provide the names of three persons who are not related to you whom the agency may contact for a personal reference. These individuals should have known you for at least two years and have knowledge of you, your family and your skills with children. Please include their name, address and telephone number(s):

1. _____
2. _____
3. _____

AFGC, Inc. reserves the right to accept foster families based on our assessment and the needs of the program.

Signatures:

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____