



**RESOURCE PARENT APPLICATION**

APPLICANT #1 (Full Name): \_\_\_\_\_  
SS#: \_\_\_\_\_ DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

APPLICANT #2 (Full Name): \_\_\_\_\_  
SS#: \_\_\_\_\_ DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_

(If less than 10 years, please list all ADDRESSES including COUNTY in which you lived):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER(S): (HOME) \_\_\_\_\_  
AREA CODE NUMBER

(CELL) \_\_\_\_\_  
AREA CODE NUMBER

CHILDREN:	NAME	DATE OF BIRTH	SS#	GRADE	WHERE RESIDING
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHERS LIVING IN THE HOME (NAME, DATE OF BIRTH, SS#, & RELATIONSHIP):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL DISTRICT IN WHICH YOU RESIDE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_  
NATURE OF OFFENSE \_\_\_\_\_  
WHERE \_\_\_\_\_  
WHEN \_\_\_\_\_

HAVE YOU EVER FILED OR HAD A RESTRAINING ORDER/PFA FILED AGAINST YOU OR ANYONE IN THE HOME? \_\_\_\_\_  
IF YES THEN WHEN AND WHY? \_\_\_\_\_  
HAVE YOU FILED FOR BANCRIPTCY IN THE PAST 10 YEARS? \_\_\_\_\_  
IF YES, WHEN? \_\_\_\_\_

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ARE THERE ANY CUSTODY ORDERS OR FAMILY COURT ORDERS FOR ANYONE IN YOUR HOME? \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

ARE EITHER APPLICANT CURRENTLY TAKING ANY PRESCRIPTION MEDICINES? IF SO, PLEASE LIST THE NAME OF MEDICATION, CONDITION FOR WHICH IT IS PRESCRIBED, AND PRESCRIBING DOCTOR: \_\_\_\_\_

HAS EITHER APPLICANT HAD ANY OTHER PHYSICAL OR MENTAL HEALTH/SUBSTANCE ABUSE ISSUES? PLEASE INCLUDE ANY HOSPITALIZATIONS OVER THE PAST FIVE YEARS: \_\_\_\_\_

PLEASE LIST PARTICIPATION IN COMMUNITY ACTIVITIES AND/OR ORGANIZATIONS FOR ALL HOUSEHOLD MEMBERS: \_\_\_\_\_

GIVE DIRECTIONS TO YOUR HOME FROM THE NEAREST MAJOR ROUTE: \_\_\_\_\_

	APPLICANT 1	APPLICANT 2
DATE OF BIRTH	_____	_____
BIRTHPLACE	_____	_____
SOCIAL SECURITY NUMBER	_____	_____
EDUCATION COMPLETED	_____	_____
OCCUPATION	_____	_____
NAME OF EMPLOYER	_____	_____
EMPLOYER'S ADDRESS	_____	_____
EMPLOYER'S PHONE NUMBER	( ) _____	( ) _____
YEARS EMPLOYED	_____	_____
APPROXIMATE ANNUAL SALARY	_____	_____

RESOURCE PARENT APPLICATION  
NAME:

	APPLICANT 1	APPLICANT 2
DATE OF PRESENT MARRIAGE	_____	_____
PREVIOUS MARRIAGE: DATE	_____	_____
EX-SPOUSE'S NAME	_____	_____
DATE TERMINATED	_____	_____
CHURCH AFFILIATION	_____	_____
CHURCH NAME	_____	_____
CHURCH ADDRESS	_____	_____

LIST ALL JOBS, CURRENT OR PAST, WITH OTHER CHILD CARE AGENCIES:

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

**REFERENCES: PLEASE GIVE 3 WHO KNOW YOU AND YOUR SPOUSE AND CAN PROVIDE  
PERSONAL OBSERVATIONS OF PARENTING CAPABILITIES.  
(PASTOR & RELATIVES ARE NOT ACCEPTABLE REFERENCES)**

1. NAME \_\_\_\_\_ TELEPHONE #: (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. NAME \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

3. NAME \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

How many additional children do you feel could successfully live with your family? \_\_\_\_\_

What age group would you prefer to be placed in your home? \_\_\_\_\_

Do you prefer Boys, Girls, or have no preference? \_\_\_\_\_

Are you willing to have sibling groups placed in your home? \_\_\_\_\_

When are you most available to complete your required pre-service training during the week? \_\_\_\_\_

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**“The facts set forth above in my application are true and complete. I understand that if accepted, false statements on this application shall be considered sufficient cause for termination. You are hereby authorized to make any investigation of my/our/all household member’s personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. It is also my understanding that the application is merely a statement of intention and can be withdrawn at anytime. I understand that this completed application does not guarantee my/our approval as a resource parent(s) or placement of any child(ren) in my/our home.”**

\_\_\_\_\_  
APPLICANT 1’S SIGNATURE

\_\_\_\_\_  
APPLICANT 2’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE