

APPLICANT INQUIRY

The information requested in this form is used in the foster home licensing process. Please answer each question completely. If additional space is required, please use a separate page to this form.

Applicant #1:

Name: _____ Birthdate: _____
Last First Middle
Birthplace: _____ Religion: _____
City WI
Physical Description: _____
Height Weight Hair Eyes Race(M/F) SSN
Employer : _____ Work Phone: _____

Applicant #2:

Name: _____ Birthdate: _____
Last First Middle
Birthplace: _____ Religion: _____
City WI
Physical Description: _____
Height Weight Hair Eyes Race(M/F) SSN
Employer : _____ Work Phone: _____

Residence:

Address: _____
Street Address City State Zip
Home Phone Number: () _____ Cell Phone(s) Number:() _____
Applicant 1 Work Phone: () _____ Applicant 2 Work Phone: () _____
E-mail address: _____ Length of Time at Above Residence: _____
Mailing Address (if different than above): _____
If you have lived at your residence for less than two (2) years, please give previous address:

Street Address City State

School District: _____

Marriage Information:

Date of present marriage (if applicable): _____
Place of present marriage: _____
City County State

*Applicant #1:

Number of previous marriages: _____
Date of Marriage: _____ Place of Marriage: _____
Marriage ended by: Death _____ Divorce _____ Other _____
Date Marriage ended: _____

*Applicant #2:

Number of previous marriages: _____

Date of Marriage: _____ Place of Marriage: _____
Marriage ended by: Death _____ Divorce _____ Other _____
Date Marriage ended: _____

** If more than one previous marriage, please provide information on a separate sheet of paper.

Children:

<u>Name</u>	<u>Sex</u> <u>(M/F)</u>	<u>Birthdate</u>	<u>School Grade</u> <u>or Occupation</u>	<u>Where</u> <u>Living</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others Living In Household:

<u>Name</u>	<u>Sex</u> <u>(M/F)</u>	<u>Birthdate</u>	<u>School Grade</u> <u>or Occupation</u>	<u>Relationship</u> <u>to Applicant</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Financial Information:

Income:
Applicant #1 net monthly income from employment: _____
Applicant #2 net monthly income from employment: _____
Other Income (specify source): _____
TOTAL MONTHLY INCOME: _____

Expenses:
Monthly mortgage payment: _____ or Monthly rent payment: _____
Monthly car payment: _____
Monthly credit card payment: _____
Other (specify): _____
Other (specify): _____
Other (specify): _____
TOTAL MONTHLY EXPENSES: _____

Religion

Do you attend church? _____ yes _____ No Where: _____
How often do you attend? _____
How has religion influenced your life? _____

Previous Foster Care:

Have you ever applied for a foster home license before? _____

DESCRIPTION OF HOME	
Type of Residence:	Own or Rent?
Location of Rooms:	
Describe sleeping accommodations available for foster child(ren):	
Describe your neighborhood:	
Describe your relationship with neighbors:	
Are you permanently settled? Explain:	

Pets

Describe any pets in the home: _____

Are all pets up to date with vaccinations: _____

Firearms

Are there any firearms in the home? ____ yes ____ no Where? _____

If yes, please list: _____

Are the firearms locked in a safe or cabinet with the ammunition locked up separately?

____ yes ____ no

**EACH APPLICANT SHOULD FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS POSSIBLE.
(there are 2 full copies attached)**

Applicant 1: _____

EMPLOYMENT HISTORY					
Employer	Position	Duties	Hours	Dates of Employment	Reason for Leaving

Education

Elementary School: _____ Middle or Junior High School _____

Did you graduate from high school? _____

If yes, when: _____ If no, highest grade completed. _____

Did you attend college or technical school? _____

If yes, give dates of attendance. _____ If yes, degree earned and date. _____

Did you attend graduate school? _____

If yes, give dates of attendance. _____ If yes, degree earned and date. _____

Have you ever been in the military? _____ If yes, when and which branch. _____

References

Please list 3 individuals who can serve as personal references; at least 2 non relatives

#1: _____

Name: _____

Relationship to applicant: _____

Mailing address: _____
Street city state zip

Phone number: _____ Length of time known: _____

#2: _____

Name: _____

Relationship to applicant: _____

Mailing address: _____
Street City State Zip

Phone Number: _____ Length of time known: _____

#3: _____

Name: _____

Relationship to applicant: _____

Mailing address: _____
Street City State Zip

Phone Number: _____ Length of time known: _____

Your children

Please describe each of your children in the space provided below. In describing your children please include their typical behaviors, peer relationships, school performance and behaviors, and general temperament.

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History

Father's Name:
Father's Employment:
How would you describe your father?
Describe your father's parenting practices:
Describe your relationship with your father:
Mother's Name:
Mother's Employment:
How would you describe your mother?
Describe your mother's parenting practices:
Describe your relationship with your mother:

Siblings:

Name	Age	Current Family Members	Occupation

Describe your current relationship with your siblings:

Childhood/Other

<p>What are some fond memories of your childhood?</p>
<p>Describe some sad or hurtful memories of your childhood:</p>
<p>Were you ever abused as a child? ___ yes ___ no</p>
<p>What is your greatest accomplishment other than parenting?</p>
<p>How do you like to spend your leisure time?</p>
<p>Who are you close to, other than your spouse?</p>
<p>Describe a time when you became angry:</p>
<p>How would I know if you were angry?</p>

Marriage

<p>How did you meet your spouse?</p>
<p>Describe a situation where you had a disagreement with your spouse and how was it resolved?</p>
<p>What qualities do you most admire about your spouse?</p>
<p>What qualities in your spouse trouble you the most?</p>

Family & Parenting

<p>What do you enjoy doing with your children?</p>
<p>What are your strengths and weaknesses as a parent?</p>
<p>What expectations do you have for your own children (current-day to day and future)?</p>
<p>What do you believe are the similarities between parenting your own children and foster children? Differences?</p>
<p>How do you discipline your children?</p>
<p>What activities do you enjoy as a family?</p>
<p>What motivates you to become a foster parent?</p>

**EACH APPLICANT SHOULD FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS POSSIBLE.
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Relationship to applicant: _____

Mailing address: _____
Street city state zip

Phone number: _____ Length of time known: _____

#2: Name: _____

Relationship to applicant: _____

Mailing address: _____
Street City State Zip

Phone Number: _____ Length of time known: _____

#3: Name: _____

Relationship to applicant: _____

Mailing address: _____
Street City State Zip

Phone Number: _____ Length of time known: _____

Your children

Please describe each of your children in the space provided below. In describing your children please include their typical behaviors, peer relationships, school performance and behaviors, and general temperament.

--

History

Father's Name:
Father's Employment:
How would you describe your father?
Describe your father's parenting practices:
Describe your relationship with your father:
Mother's Name:
Mother's Employment:
How would you describe your mother?
Describe your mother's parenting practices:
Describe your relationship with your mother:

Siblings:

Name	Age	Current Family Members	Occupation

Describe your current relationship with your siblings:

Childhood/Other

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Family & Parenting

What do you enjoy doing with your children?
What are your strengths and weaknesses as a parent?
What expectations do you have for your own children (current-day to day and future)?
What do you believe are the similarities between parenting your own children and foster children? Differences?
How do you discipline your children?
What activities do you enjoy as a family?
What motivates you to become a foster parent?

In completing this questionnaire, we (I) understand there is no commitment by the agency that a child will be placed in our (my) home. We (I) understand that the agency is free to consult persons or agencies named herein. The information contained in this questionnaire is true and correct to the best of our (my) knowledge.

Signature Applicant 1 _____	Date Signed
Signature Applicant 2 _____	Date Signed

Return to:

Melissa Christopherson, Foster Care Coordinator (715/726-7878)
Chippewa County Department of Human Services
711 N. Bridge Street, Room 306
Chippewa Falls, WI 54729

Mlapplicant inquiry 1 4 07:gms updated 3/10/08