

If less than two years, previous address:

Please provide the following personal information about you and your spouse:

	HIS	HERS
Date of Birth		
Place of Birth (City, State)		
Citizenship (which country)		
Racial or Ethnic Background		

	HIS	HERS
What languages do you speak		
Highest level of education completed		
Religion		
How often do you attend religious services?		
Health	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

List any handicaps, serious illnesses, operations, or chronic conditions you have had during the past ten years:

Please enclose recent photographs of your family and your home. Include all family members, pets and the foster or adoptive child's bedroom. (You may send the photographs later if they are not currently available.)

EMPLOYMENT HISTORY (Please show all employment for the last five years)

Husband:

Present Employment: _____

Address: _____

Telephone: () _____ Position or Title: _____

Salary or Wage: _____ Length of Employment: _____

Work Hours: _____ Supervisor's Name: _____

If employed for less than three years, please list previous employment below.

Husband's Previous Employment: _____

Address: _____

Telephone: () _____ Position or Title: _____

Last Salary or Wage: _____ Length of Employment: _____

Supervisor's Name: _____

Reason for leaving: _____

Wife:

Present Employment: _____

Address: _____

Telephone: () _____ Position or Title: _____

Salary or Wage: _____ Length of Employment: _____

Work Hours: _____ Supervisor's Name: _____

If employed for less than three years, please list previous employment below.

Wife's Previous Employment: _____

Address: _____

Telephone: () _____ Position or Title: _____

Last Salary or Wage: _____ Length of Employment: _____

Supervisor's Name: _____

Reason for leaving: _____

MARITAL HISTORY

Current Marital Status: Married Single Divorced Widowed

Date and Length of Marriage(s): _____

If you are married, both you and your spouse must apply together, and you must attach a copy of your marriage license or declaration of marriage.

Husband:

Previous Marriages (If more than three, use a separate page)

1. Name of previous spouse _____
Date of Marriage: from _____ to _____
How ended: Death Divorce
If divorced, where was divorce recorded? (County, State) _____

2. Name of previous spouse _____
Date of Marriage: from _____ to _____
How ended: Death Divorce
If divorced, where was divorce recorded? (County, State) _____

3. Name of previous spouse _____
Date of Marriage: from _____ to _____
How ended: Death Divorce
If divorced, where was divorce recorded? (County, State) _____

Wife:

Previous Marriages (If more than three, use a separate page)

1. Name of previous spouse _____
Date of Marriage: from _____ to _____
How ended: Death Divorce
If divorced, where was divorce recorded? (County, State) _____

2. Name of previous spouse _____
Date of Marriage: from _____ to _____
How ended: Death Divorce
If divorced, where was divorce recorded? (County, State) _____

3. Name of previous spouse _____
Date of Marriage: from _____ to _____
How ended: Death Divorce
If divorced, where was divorce recorded? (County, State) _____

Husband:

If currently married, have you discussed foster parenting with your spouse, and is she supportive and similarly motivated to foster parent?

Yes No Explain: _____

Wife:

If currently married, have you discussed foster parenting with your spouse, and is he supportive and similarly motivated to foster parent?

Yes No Explain: _____

HOUSEHOLD INFORMATION (Information about other people in your household)

Name	Relationship	DOB	Sex	School Occupation	Health: Good, Fair or Poor	Social Security #

Does anyone in the house have a serious illness, a handicap, a chronic problem, or nervous condition? Yes No

If “yes”, who and since when? (Give dates, describe their medical treatment and/or counseling):

Give the names of any of your children or your spouse’s children who live outside your household. Include grown children.

Name	Sex	Age	Complete Address	Whose Child? Husband/Wife

Have you discussed foster parenting with members of your household, and are they supportive of your decision? Yes No Explain: _____

ACADEMIC HISTORY

Husband:

- Highest educational status attained: Grade School Junior High Senior High
 High School Graduate/GED College Associate Degree
 Four Year College Graduate Post Graduate

Degree Type(s) _____

College(s) _____

Business/Vocational School(s) _____

Years: _____ Certificates: _____

Professional Licenses or Certifications _____

Special Training or Expertise _____

Foreign Languages _____ Spoken Written

Wife:

Highest educational status attained: Grade School Junior High Senior High

High School Graduate/GED College Associate Degree

Four Year College Graduate Post Graduate

Degree Type(s) _____

College(s) _____

Business/Vocational School(s) _____

Years: _____ Certificates: _____

Professional Licenses or Certifications _____

Special Training or Expertise _____

Foreign Languages _____ Spoken Written

MILITARY SERVICE

Husband:

Branch(es) of Service _____ Years of Service _____

Highest rank/rate attained _____

Type of Discharge(es) _____ Year(s) _____

Wife:

Branch(es) of Service _____ Years of Service _____

Highest rank/rate attained _____

Type of Discharge(es) _____ Year(s) _____

PERSONAL REFERENCES

Please list the names and addresses of four persons or couples not related to you who have known you well enough for at least two years to inform us accurately regarding your moral character and life style. Local references are preferred, but if none are available please give the address and home phone number for out of town references. For local references, please try to provide the home and business phone numbers. Please try to vary the nature of your references, including those from spiritual, business, or employment relationships, as well as social relationships.

Name	Complete Address	Home & Work Phone

Nearest relative not living with you _____

Address

Phone _____ Relation _____

PREVIOUS CHILD CARE EXPERIENCE

(A separate section has been provided for detailing foster care experience)

Husband:

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

Wife:

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

FOSTER PARENTING HISTORY

Have you or your spouse ever applied to another source for a child (foster care or adoption)?

Yes No If “yes”, when and from what source?

Name and address _____

What disposition was made of your application? _____

How did you learn about The Arrow Project program? _____

Have you or your spouse ever been a foster program? Yes No

Have you or your spouse ever been a house parent? Yes No

If "yes", name(s) of organization(s) _____

Date(s) of participation _____

Numbers, age range, and sex of youth served (Give approximate breakdown):

Describe your experience: _____

What age, sex and number of youth do you and your spouse currently prefer? _____

What youth behaviors or problems would be generally unacceptable to you and your spouse?

Other information helpful in matching youths to your family: _____

PERSONAL INTERESTS

Husband:

How do you like to spend your leisure time? _____

List specific hobbies and areas of interest: _____

List memberships in clubs or organizations: _____

How would you characterize your personality? _____

Wife:

How do you like to spend your leisure time? _____

List specific hobbies and areas of interest: _____

List memberships in clubs or organizations: _____

How would you characterize your personality? _____

RELIGIOUS BACKGROUND

What is your and your spouse's religious preference/affiliation? _____

Name, address and phone number of your church and pastor: _____

Briefly explain your and your spouse's spiritual motivation for foster parenting: _____

Do you prefer to work with children of any particular religious background? Yes No

Explain: _____

TRANSPORTATION

Please list all vehicles that might be involved in transportation of foster children.

Make	Model	Condition

Do you have liability and personal injury protection insurance on your car(s)? Yes No

Name of insurance company and policy number: _____

PERSONAL BACKGROUND INFORMATION

Husband:

Yes No Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child abuse, child molestation, or child neglect?

Yes No Have you been convicted or are you currently charged with a felony or misdemeanor classified as an offense against a person, family, public indecency, or any violation of the Controlled Substance Act?

Yes No Have you ever been charged with a felony?

Yes No Are you now receiving or have you ever received treatment for chemical dependency?

Yes No Do you object to a criminal records check?

Yes No Have you ever been hospitalized for an emotional or mental illness?

Yes No Are you now receiving or have you ever received psychiatric treatment?

Yes No Do you have any significant acute or chronic medical condition that could effect your ability to foster parent children?

Yes No Have any of your children ever been placed in foster care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?

Yes No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Explain your answers: _____

Wife:

- Yes No Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child abuse, child molestation, or child neglect?

- Yes No Have you been convicted or are you currently charged with a felony or misdemeanor classified as an offense against a person, family, public indecency, or any violation of the Controlled Substance Act?

- Yes No Have you ever been charged with a felony?

- Yes No Are you now receiving or have you ever received treatment for chemical dependency?

- Yes No Do you object to a criminal records check?

- Yes No Have you ever been hospitalized for an emotional or mental illness?
- Yes No Are you now receiving or have you ever received psychiatric treatment?

- Yes No Do you have any significant acute or chronic medical condition that could effect your ability to foster parent children?

- Yes No Have any of your children ever been placed in foster care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?

- Yes No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Explain your answers: _____

CRIMINAL RECORD CHECK

Husband:

In accordance with The Arrow Project policy and Maryland Department of Human Resources licensing standards, a criminal record background check is conducted on all foster parent applicants to determine whether any offenses have been committed which might adversely affect foster parenting eligibility. To comply with this policy, please furnish the following information:

Social Security Number: _____

Maryland Driver's License Number: _____

Birth Date: _____ Birth Place: _____

Ethnicity: _____

Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Wife:

In accordance with The Arrow Project Treatment Foster Care policy and Maryland Department of Human Resources licensing standards, a criminal record background check is conducted on all foster parent applicants to determine whether any offenses have been committed which might adversely effect foster parenting eligibility. To comply with this policy, please furnish the following information:

Social Security Number: _____

Maryland Driver's License Number: _____

Birth Date: _____ Birth Place: _____

Ethnicity: _____

Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

HUSBAND'S ACKNOWLEDGEMENT

The undersigned acknowledges that he/she is not obligated to provide foster care, nor is The Arrow Project obligated to assign, or actively seek to assign, a foster child to the applicant.

Signature of Applicant

Date

WIFE'S ACKNOWLEDGEMENT

The undersigned acknowledges that he/she is not obligated to provide foster care, nor is The Arrow Project obligated to assign, or actively seek to assign, a foster child to the applicant.

Signature of Applicant

Date

HUSBAND'S RELEASE OF INFORMATION

I hereby declare the information I have provided on this foster parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on this application could be considered cause for disapproval as a foster parent.

I authorize The Arrow Project to obtain any information that would assist in the evaluation of my application to participate in the foster care program.

As part of The Arrow Project's matching process, additional personal information may be elicited from the applicant by authorized Arrow personnel upon request.

Signature of Applicant

Date

WIFE'S RELEASE OF INFORMATION

I hereby declare the information I have provided on this foster parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on this application could be considered cause for disapproval as a foster parent.

I authorize The Arrow Project to obtain any information that would assist in the evaluation of my application to participate in the foster care program.

As part of The Arrow Project's matching process, additional personal information may be elicited from the applicant by authorized Arrow personnel upon request.

Signature of Applicant

Date

Emergency Contact Information:

Identify where the family would go in case of an emergency evacuation of their home (ie: relative, friend, emergency shelter, hotel, other.):

Address: _____

City: _____

State: _____ Zip: _____

Identify where the family would go in case of an emergency if evacuated from the city of residence (ie: relative, friend, emergency shelter, hotel, other.):

Address: _____

City: _____

State: _____ Zip: _____

List two phone numbers where the foster family can be reached:
