Reset Form

APPLICATION FOR FOSTER FAMILY HOME LICENSE

State Form 10100 (R15 / 7-21)

DEPARTMENT OF CHILD SERVICES

County

FOR CENTRAL / LOCAL OFFICE USE ONLY

Enter resource identification number assigned by the case management system.
If the number is less than nine digits, use zeroes for the first digits.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

INSTRUCTIONS: The licensing worker will provide this form to prospective resource parents for completion, either in writing or electronically, as a part of the Initial Licensing Packet. One (1) form should be completed for each prospective foster family. See policy 12.03 for additional information.

SECTION 1 - DEMOGRAPHICS

Include the full name of all persons who live in or spend the night in your home twenty-one (21) days or more throughout the year. Children who primarily live with another parent but have regular visits in your home should also be reported.

Full Name	Date of Birth *(month, day, year)*	Social Security Number *	Place of Birth	Household Role	Occupation or School Grade	Name of Employer or School
Applicant A						
Applicant B						
Children						
Others						

Present address *(number and street, city, state, and ZIP code)*

Directions to home

Primary telephone number	Applicant A – Work or cellular telephone number	Applicant B – Work or cellular telephone number
( )	( )	( )

Email address Applicant A	Email address Applicant B
Number of children for whom you want to provide care	Age and sex

Other states in which applicant has resided

Applicant A:

Applicant B:

Applicant A – Maiden or married names / aliases used	Marital status of Applicant A ☐ Married ☐ Single ☐ Married but separated ☐ Couple living together ☐ Divorced
Applicant B – Maiden or married names / aliases used	Marital status of Applicant B ☐ Married ☐ Single ☐ Married but separated ☐ Couple living together ☐ Divorced

NOTE: If either applicant has been named in any Child Protective Service reports as having committed any act of abuse / neglect as determined by the Department of Child Services (DCS), this may be grounds for revocation or denial of a license.

Has either applicant been named in any substantiated cases of child abuse / neglect as determined by Child Protective Services in Indiana or in any other state? ☐ Yes ☐ No

If yes, in what year?	If yes, in what state(s)?	If yes, in what county(ies)?

If yes, please provide details.

SECTION 1 – DEMOGRAPHICS *(continued)*

Have you ever applied to become an adoptive or foster parent? ☐ Yes ☐ No

If yes, list all public and private agencies in Indiana or any other state to which you have ever applied for adoption or foster care. Use an additional sheet, if necessary.

1. Name of agency	Date of application *(month, day, year)*
Address *(number and street, city, state, and ZIP code)*	
Was a license issued? ☐ Yes ☐ No	Was a family preparation assessment (i.e. home study) done? ☐ Yes ☐ No
2. Name of agency	Date of application *(month, day, year)*
Address *(number and street, city, state, and ZIP code)*	
Was a license issued? ☐ Yes ☐ No	Was a family preparation assessment (i.e. home study) done? ☐ Yes ☐ No
Have you ever had a foster home license revoked? ☐ Yes ☐ No	Have you ever had a foster home application denied? ☐ Yes ☐ No

If yes to either of the previous two (2) questions, please provide details.

SECTION 2 – Motivation / Support

What kind of care are you interested in providing?
☐ Relative ☐ Foster ☐ Adoption ☐ Respite ☐ Emergency

How do you feel about a child being reunited after abuse or neglect has occurred?

What role do you believe a foster parent has in supporting reunification?

SECTION 3 - REFERENCES

Please give, as references, the names of at least four (4) persons (at least two [2] of whom are not related by blood, marriage, or adoption) who know your family life.

Name	**Address** *(number and street, city, state, and ZIP code)*	**Telephone Number**
		( )
		( )
		( )
		( )
		( )
		( )
		( )

SECTION 4 - CERTIFICATION

I hereby certify that all statements made in this application, and any attachments thereto, are correct to the best of my knowledge.

Signature of Applicant A	Date signed *(month, day, year)*
Printed name of Applicant A	
Signature of Applicant B	Date signed *(month, day, year)*
Printed name of Applicant B	