

Waterford Country School Foster Care
2 Clinic Drive Norwich, CT 06260
Foster Parent Application

Family Information	
Family Name:	Date of Application:
Address:	
Mailing Address (if different):	
Home Phone:	
Parent One:	Parent Two:
Cell phone#:	Cell phone#:
Work phone#:	Work phone#:
Email address:	Email address:

Parent One Information			
Name:			
First	Middle Initial	Last	(Maiden Name)
Birth date:		Birthplace:	SS#:
Race/Ethnicity*:		Religion*:	
Primary Language:		Secondary Language:	
Education – Highest Grade Accomplished:			
Military Service: <input type="checkbox"/> No <input type="checkbox"/> Yes		Date(s)/Branch of Service:	
Employment			
Current Employer:		Salary:	per
Dates Employed:		Position:	
Work Schedule:			
Marriage			
Current Marriage Date:		State:	
Previous Marriages Date(s):		Name(s) of former Spouse(s):	
1.			
2.			
3.			
Background Check			
Police Record: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):			
Driver's License #:		State:	
Driving Record: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):			

Previous name(s) used:				
Previous address(es) in last 5 years:				
Dates	Street	City	State	Zip code
1.				
2.				
3.				
4.				
Health Screening				
History of Psychiatric/ Psychological Services: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Describe:				
Abuse of illegal drugs/ alcohol/ prescriptions: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Describe:				
Current Medications:				
Medication	Dosage	Purpose	Physician	
1.				
2.				
3.				
4.				
5.				

*Optional

Parent Two Information				
Name:				
First	Middle Initial	Last	(Maiden Name)	
Birth date:		Birthplace:	SS#:	
Race/Ethnicity*:		Religion*:		
Primary Language:		Secondary Language:		
Education – Highest Grade Accomplished:				
Military Service: <input type="checkbox"/> No <input type="checkbox"/> Yes		Date(s)/Branch of Service:		
Employment				
Current Employer:		Salary:	per	
Dates Employed:		Position:		
Work Schedule:				
Marriage				
Current Marriage Date:		State:		
Previous Marriages Date(s):		Name(s) of former Spouse(s):		
1.				

2.				
3.				
Background Check				
Police Record: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):				
Driver's License #:			State:	
Driving Record: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):				
Previous name(s) used:				
Previous address(es) in last 5 years:				
Dates	Street	City	State	Zip code
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History of Psychiatric/ Psychological Services: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Describe:				
Abuse of illegal drugs/ alcohol/ prescriptions: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Describe:				
Current Medications:				
Medication	Dosage	Purpose	Physician	
1.				
2.				
3.				
4.				
5.				

*Optional

Other Persons Living In or Visiting the Home				
Children Living In the Home				
Name	Date of Birth	Place of Birth	School	Grade
1.				
2.				
3.				
4.				
Children Not Living In the Home (Including Adult Children)				
Name	Date of Birth	Place of Birth	Address	
1.				
2.				

3.				
4.				
Other Persons in Household **				
	Name	Date of Birth	Relationship to Applicant	
1.				
2.				
3.				
4.				
Frequent Visitors **				
	Name	Date of Birth	Address	Relationship to Applicant
1.				
2.				
3.				
4.				

**** Adult household members will be required to submit to initial and ongoing background checks.**

Applicant/ Household Member Screening	
Were either applicant/ household member/regular visitor ever:	
Arrested:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Convicted of a crime:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Charged or convicted of injury, risk of injury to a minor:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Charged or convicted of impairing the morals of a minor:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Charged or convicted of a violent crime against a person:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Charged or convicted of the possession/ use/sale of controlled substances within the past five (5) years:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Charged or convicted of illegal use of a firearm:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you/they awaiting trial for any charges:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Had a minor removed from your care for abuse/neglect:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Had a pending or substantiated child abuse/ neglect allegation:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Had an allegation of child or elder abuse or neglect made against you:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Ever requested voluntary services from DCF/CPS	<input type="checkbox"/> No <input type="checkbox"/> Yes
Ever received services from DCF/ or any other state/private child protective agency:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Ever been involved in probate/ child custody/ guardianship proceedings:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you, your parents, your children or other household members experienced or witnessed domestic violence:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Had police involvement due to domestic violence:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes answered on above questions, explain:	

1.			
2.			
3.			
4.			

Have you ever applied in the past to our agency or to any other social service agency to be a foster parent or daycare provider? If yes, please list when and with whom:

Please write briefly about your reasons for wishing to take a foster child with special needs into your home at this time. Please indicate preferences for age and sex and indicate any conditions – emotional, behavioral or medical – for which you feel you would not be able to work with in your home.

I give permission to contact the above mentioned references. I certify that the above statements made by me are complete and true to the best of my knowledge.

Applicant One

Date

Applicant Two

Date