

Waterford Country School Foster Care 2 Clinic Drive, Norwich, CT 06360

Renewal Application

Family Information	
Family Name:	Date:
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:			
<small>First</small>	<small>Middle Initial</small>	<small>Last</small>	
Employment			
Current Employer:		Salary:	per
Dates Employed:		Position:	
Work Schedule:			
Health			
Current Medications:			
Medication	Dosage	Purpose	Physician
1.			
2.			
3.			
4.			
5.			
Training Hours Completed: ___ out of 56 for 2 years			

Parent Two Information			
Name:			
First	Middle Initial	Last	
Employment			
Current Employer:		Salary:	
Dates Employed:		Position:	
Work Schedule:			
Health			
Current Medications:			
Medication	Dosage	Purpose	Physician
1.			
2.			
3.			
4.			
5.			
Training Hours Completed: ___ out of 9 for 2 years			

Other Persons Living In or Visiting the Home			
Children Living In the Home			
Name	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
Foster Children Living In the Home			
Name	Date of Birth		
1.			
2.			
3.			
4.			
Other Persons in Household			
Name	Date of Birth	Relationship to Applicant	
1.			
2.			
3.			
4.			

Home Information			
Do you have any new heating, pools, or structures on your property : <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, Explain:			
Have you made any structural changes to your home (addition, remodel): <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, Explain:			
Firearms			
Are there any firearms/ dangerous weapons on the property: <input type="checkbox"/> No <input type="checkbox"/> Yes			
How is weapon stored:			
Pets			
Type of Pet	Current Vaccination	Aggressive behavior	Rescue animal
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

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