



## Crossroads Prospective Caregiver Application

(Circle which applies)

Date: \_\_\_\_\_

Foster Care   Foster to Adoption   Adoption Only   Respite Only

Applicant

Name: \_\_\_\_\_

(Last)

(First)

(MI)

DOB: \_\_\_\_\_

Applicant

Name: \_\_\_\_\_

(Last)

(First)

(MI)

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City)

\_\_\_\_\_

(State)

\_\_\_\_\_

(Zip Code)

\_\_\_\_\_

(County)

Phone Number(s): \_\_\_\_\_

(home/cell)

(work)

Days/Times Accessible: \_\_\_\_\_

Marital Status (circle which applies):    Married            Single            Divorced

Children in the Home (names/ages): \_\_\_\_\_  
\_\_\_\_\_

Others in the Home (names/ages): \_\_\_\_\_  
\_\_\_\_\_

Current DFCS or Agency Affiliation? If so, who? \_\_\_\_\_

Any current placements? If so, provide details. \_\_\_\_\_

Any previous foster parent/adoptive parent training? If so, provide name and dates.

\_\_\_\_\_

Number of Bedrooms in Home? \_\_\_\_\_

Child Preferences (gender identity, age range, number of children): \_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation (If Applicable): \_\_\_\_\_

What is your Occupation, Hours, etc.? \_\_\_\_\_

Brief Description of Why You're Interested in Becoming a Foster/Adoptive Family:  
\_\_\_\_\_  
\_\_\_\_\_

How Did You Hear About us? \_\_\_\_\_

References

\*Must include a minimum of 3, plus all of your children living outside of the home - one from each member of family for Applicant A and Applicant B, references from any prior agency (if applicable), references from all child-related employers (if applicant has worked with children within the last 5 years). (Please include email address, their relation to you, and a phone number)

\*Ensure that a Release of Information is completed for each reference.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_