



## Resource Parent Application

### Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you have an application on file with other agencies?  Yes  No

If yes, which agencies?

Have you had a foster care homestudy?  Yes  No

If yes, list agency name, address and status of study?

Were you referred to NHS by an NHS Resource Parent or Staff?  Yes  No

If yes, give the name of the Resource Parent/Staff.

Are you currently married or involved in another form of committed relationship that has lasted for at least one year?

Yes  No

	Prospective Primary Parent	Prospective Secondary Parent
Full Legal Name		
Other Names Used		
Maiden Name		
Highest Level of Education		
Military Service-Branch		
Years, Discharge		
Twenty-one years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Your Home

Please check one:  House  Condominium  Apartment  Trailer

Number of Rooms: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_  Rural  Suburb  City



## Resource Parent Application

Please describe area near home: playground, school, stores, etc.

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### Children

Name	Sex	Birth Date	Race	Relationship to Father <i>(Biological-Adopted-Stepchild-Foster Child)</i>	Relationship to Mother <i>(Biological-Adopted-Stepchild-Foster Child)</i>	Where Living?

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### Employment

Present Employer	Prospective Primary Parent	Prospective Secondary Parent
Address		
Phone Number		
Job Title/Type		
Number of Years		
Annual Earnings		

Previous Employer	Prospective Primary Parent	Prospective Secondary Parent
Address		
Phone Number		
Dates of Employment		
Job Title/Type		
Annual Earnings		
Reason for Leaving		

Previous Employer	Prospective Primary Parent	Prospective Secondary Parent
Address		
Phone Number		
Dates of Employment		
Job Title/Type		
Annual Earnings		
Reason for Leaving		



## Resource Parent Application

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### Background Information

Are there others living in your home?  Yes  No

If yes, please list their name(s), birthdate, and relationship to you.

Name	Birthdate	Relationship to You

1. Why do you want to become a resource parent?

2. Do you have a history of, or have a present serious medical/physical limitation or mental condition? Are you prescribed any medication? Please explain.

3. Do you have any personal experience with foster care? Please explain.

4. Do you have current or prior affiliation with any other foster care agency? If yes, please list the name(s) and addresses of current or prior agencies with which you have been affiliated.



## Resource Parent Application

5. Have you previously been rejected for foster care by an agency? Identify the agency and the circumstances pertaining to the rejection.

6. How did you learn about NHS and why did you choose us?

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### Signatures

*I (We) request consideration to become an NHS resource parent. The signature provided below is verification of the accuracy of this application content. It is further understood that I (we) may voluntarily withdraw this application at any time.*

*(Signature(s) will be obtained upon meeting with NHS staff)*

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Signature of Prospective Primary Parent

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Date

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Signature of Prospective Secondary Parent

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Date