

Foster Care Applicant Agreement

Please complete this agreement form. Once filled out, you can print this page for your records and submission to the agency.

1. Primary Applicant Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

2. Co-Applicant Information (If Applicable)

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

3. Household Address

Street Address:

City:

State/Province:

Postal/ZIP Code:

4. Agreement and Declarations

Please read the following statements and type "AGREE" or your initials in the boxes to confirm your understanding and compliance.

I/We agree to provide a safe, nurturing, and stable environment for any child placed in our care.

Type "AGREE" to confirm:

I/We agree to undergo background checks, home inspections, and training as required by local laws and agency regulations.

Type "AGREE" to confirm:

I/We understand that the primary goal of foster care is often reunification with the biological family, and I/we agree to support this goal.

Type "AGREE" to confirm:

I/We certify that all information provided in this application is true, correct, and complete to the best of my/our knowledge.

Type "AGREE" to confirm:

5. Signatures (For Printing)

Please print this page and sign below, or type your full legal name as an electronic signature.

Primary Applicant Signature:

Date (MM/DD/YYYY):

Co-Applicant Signature:

Date (MM/DD/YYYY):

Agency Representative Name:

Agency Representative Signature:

Date (MM/DD/YYYY):