

# Foster Applicant Personal History Questionnaire

Instructions: Please complete all sections of this questionnaire. This form is designed to be printed. Please write legibly or type your answers in the fields provided before printing.

## Section 1: Personal Identification

Full Legal Name (Last, First, Middle):

Maiden Name / Former Names / Aliases:

Date of Birth (MM/DD/YYYY):

Social Security Number / National ID:

Current Residential Address (Street, City, State, Zip Code):

How long have you lived at your current address? (Years/Months):

Primary Phone Number:

Email Address:

## Section 2: Marital and Relationship History

Current Marital Status (e.g., Single, Married, Divorced, Widowed, Cohabiting):

Name of Spouse / Domestic Partner (if applicable):

Date of Current Marriage / Partnership (MM/DD/YYYY):

Prior Marriages or Domestic Partnerships (List names of ex-partners and dates of union):

## Section 3: Household Members

Please list all other individuals currently residing in your household (excluding yourself and spouse/partner):

Household Member 1 - Name, Age, and Relationship to Applicant:

Household Member 2 - Name, Age, and Relationship to Applicant:

Household Member 3 - Name, Age, and Relationship to Applicant:

Household Member 4 - Name, Age, and Relationship to Applicant:

## Section 4: Employment and Financial History

Current Occupation / Job Title:

Current Employer Name and Address:

Length of Current Employment (Years/Months):

Annual Gross Income (USD):

Other Sources of Household Income (if any):

## Section 5: Health and Personal Background

Do you have any physical, mental, or emotional conditions that could affect your ability to care for a child? (Describe briefly):

Are you or any household member currently taking prescription medications? (List medications):

Have you or any household member ever been convicted of a crime? (Yes/No - If Yes, explain):

Have you ever applied to be a foster parent or adoptive parent before? (Yes/No - If Yes, list agency and date):

## Section 6: References

Please provide three personal references (non-relatives) who have known you for at least 3 years.

### Reference 1

Full Name:

Relationship and Years Known:

Phone Number / Email:

### Reference 2

Full Name:

Relationship and Years Known:

Phone Number / Email:

### Reference 3

Full Name:

Relationship and Years Known:

Phone Number / Email:

## **Section 7: Statement of Verification**

I hereby certify that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge.

Applicant Signature:

Date (MM/DD/YYYY):