

**CONFIDENTIAL APPLICATION FOR FOSTER FAMILY STATUS**  
**Woodfords Family Services ♦ 15 Saunders Way, Ste. 900, Westbrook, ME 04092 ♦ (207) 878-9663**

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*Foster Family applicants who require accommodations in the application and/or interview process should contact a representative of the Foster Care Program. Please print with blue or black ink.*

**Primary Parent Applicant:**

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

Full Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Mailing Address \_\_\_\_\_ Phone (day) \_\_\_\_\_  
\_\_\_\_\_ (eve) \_\_\_\_\_

Residence Address (if different) \_\_\_\_\_

County: Cumberland \_\_\_\_\_ York \_\_\_\_\_ Androscoggin \_\_\_\_\_ Other \_\_\_\_\_

Maine Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_ SS# \_\_\_\_\_

**Secondary Parent Applicant:** *(if applicable)*

Full Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Maine Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_ SS# \_\_\_\_\_

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Are you a licensed foster care provider in Maine? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide us with your licensing worker's name, a copy of your current license, and the names of the agencies with whom you have worked. \_\_\_\_\_  
\_\_\_\_\_

If no, have you applied for a Maine license? \_\_\_\_ Yes \_\_\_\_ No

Have you been a foster parent in another state? \_\_\_\_ Yes \_\_\_\_ No when/where? \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_ Yes \_\_\_\_ No If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with us? \_\_\_\_ Yes \_\_\_\_ No If yes, dates from \_\_\_\_ to \_\_\_\_

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Why are you interested in becoming a foster parent with Woodfords Family Services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which members of your family were included in the decision to consider foster care and what was their input?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD INFORMATION**

Please list all additional persons living in your home, including biological, step, foster and/or adopted children, as well as any other adults):

_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship
_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship
_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship
_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship
_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship

**Children Not Living in the Home:**

_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship
_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship
_____	D.O.B.: _____/_____/_____	_____
First MI Last	Mo/Day/Yr	relationship

**Pets in the Home:** *(Please indicate species, date of their last vet visit and clinic used.)*

\_\_\_\_\_

\_\_\_\_\_

Does anyone in your household smoke?  Yes  No

Does anyone in your household own firearms?  Yes  No If yes, please indicate where/how these are stored: \_\_\_\_\_

\_\_\_\_\_

Do you have an insured automobile? *(Please indicate make, model, year and insurance provider for each vehicle.)* \_\_\_\_\_

\_\_\_\_\_

Driving history? *(Driving record will be obtained)* \_\_\_\_\_

\_\_\_\_\_

Please describe your home: *(acreage, style, number of rooms/bedrooms/baths, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the bedroom(s) where a foster child(ren) would sleep: *(furnishings, dimensions, etc.)*

What types of changes do you anticipate having to make in your household in order to prepare for a foster child?

Do you have a preference with regard to the age and/or gender of an individual you would like to serve?

- Infant (0-2)
- Child (3-12)
- Adolescent (13-18)
- Male
- Female
- No Preference

**REFERENCES:**

*Please provide us with the names and addresses of three references who are not relatives and who have known you for at least a year. If you are applying as a couple, be sure that the references know you both.*

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone(day) \_\_\_\_\_  
\_\_\_\_\_ (eve) \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone(day) \_\_\_\_\_  
\_\_\_\_\_ (eve) \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone(day) \_\_\_\_\_

**PRIMARY APPLICANT**

**Education**

School	Name/Location	Years Completed	Major Field/Degree
High School			
College			
Graduate School			
Other			

## Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates (Mo/Yr)	Leaving Reason	Wage/Salary	Job Title / Duties
	From:  To:			
	From:  To:			
	From:  To:			
	From:  To:			
	From:  To:			

May we contact your present employer?  Yes  No          Prior employers?  Yes  No

If you become a foster parent with Woodfords Family Services, what are your plans with regard to your current employment? \_\_\_\_\_

Please describe any additional experience, training and/or certifications you have specifically working with children with moderate to severe special needs: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Have you had a physical exam within the last year?  Yes  No    If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Affirmative answers to the following questions will not necessarily disqualify an applicant from becoming a respite provider, though failure to answer accurately may be grounds for termination.*

2. Do you have any physical limitations that might affect your ability to care for children?  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever been convicted or pleaded no contest, of a crime, felony or misdemeanor?  Yes  No

If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_ Please explain: \_\_\_\_\_

4. Do you have any pending criminal cases?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

5. Have you or your family ever been investigated for allegations of child abuse or neglect? \_\_\_Yes \_\_\_No  
If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_ Please explain: \_\_\_\_\_

6. Have you ever been admitted to a mental health or substance abuse treatment facility and/or had mental health or substance abuse counseling? \_\_\_Yes \_\_\_No  
If yes, please explain: \_\_\_\_\_

7. What are your fears and expectations of being a foster parent? \_\_\_\_\_

8. What do you find most challenging about parenting? Most rewarding? \_\_\_\_\_

9. How do you or have you disciplined your own children? \_\_\_\_\_

10. How do you anticipate disciplining a foster child? \_\_\_\_\_

Additional comments: \_\_\_\_\_

**SECONDARY APPLICANT**

**Education**

School	Name/Location	Years Completed	Major Field/Degree
High School			
College			
Graduate School			
Other			

## Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates (Mo/Yr)	Leaving Reason	Wage/Salary	Job Title / Duties
	From:  To:			
	From:  To:			
	From:  To:			
	From:  To:			
	From:  To:			

May we contact your present employer?  Yes  No          Prior employers?  Yes  No

If you become a foster parent with Woodfords Family Services, what are your plans with regard to your current employment? \_\_\_\_\_

Please describe any additional experience, training and/or certifications you have specifically working with children with moderate to severe special needs: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

1. Have you had a physical exam within the last year?  Yes  No    If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Affirmative answers to the following questions will not necessarily disqualify an applicant from becoming a respite provider; though failure to answer accurately may be grounds for termination.*

2. Do you have any physical limitations that might affect your ability to care for children?  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever been convicted of a crime, felony or misdemeanor?  Yes  No  
 If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

4. Do you have any pending criminal cases?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Have you or your family ever been investigated for allegations of child abuse or neglect? \_\_\_\_ Yes \_\_\_\_ No  
If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_ Please explain: \_\_\_\_\_

6. Have you ever been admitted to a mental health or substance abuse treatment facility and/or had mental health or substance abuse counseling? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

7. What are your fears and expectations of being a foster parent? \_\_\_\_\_

8. What do you find most challenging about parenting? Most rewarding? \_\_\_\_\_

9. How do you or have you disciplined your own children? \_\_\_\_\_

10. How do you anticipate disciplining a foster child? \_\_\_\_\_

Additional comments: \_\_\_\_\_

**APPLICANT STATEMENT**

I certify that all of the information that I provided on this application is true and accurate. I certify that all of the information that I provide in any interviews will be true and accurate. I understand that any falsification of information or misleading or omitted information shall be fully sufficient grounds to refuse to accept me as a foster parent, or having been accepted shall be immediate grounds for termination.

My signature below constitutes authorization to check my employment and education history, including without limitations, criminal/driving records, references, and releases of investigatory information possessed by any state, local, or federal agency. I further authorize those persons, agencies, or entities that Woodfords Family Services contacts in connection with my foster parent application to fully provide Woodfords any information on the matters set forth without limitations, and I specifically waive any claims for defamation, emotional distress, invasion of privacy, or other claims that I might otherwise have against Woodfords, its agents or officials, or against any provider of such information.

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secondary Applicant

\_\_\_\_\_  
Date

Please mail the completed application and any additional forms and/or information to:

Woodfords Family Services  
Foster Care Recruitment & Licensing Coordinator  
15 Saunders Way, Ste. 900  
Westbrook, ME 04092

If you have any questions about the application, please contact the Recruitment & Licensing Coordinator at (207) 878-9663, x 4160.

**RELATIONSHIP BETWEEN THE PARTIES**

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I understand that should I be accepted as a foster parent, I will be acting as, and shall be deemed for all purposes to be, an independent contractor and not an employee of Woodfords Family Services. If accepted, I shall be paid a stipend and shall complete all services in accordance with the highest standards of Woodfords Family Services, and shall not be subject to the direct supervision or control of Woodfords, except as to the results of the services and in compliance with the applicable laws, regulations and licensing requirements. I understand that if accepted as a foster parent, I shall be solely liable for any state and federal taxes, fees and withholdings assessed or payable on compensation or paid to me as a foster parent for services rendered and I am not entitled to any further compensation or benefits from Woodfords Family Services.