

CONFIDENTIAL APPLICATION FOR FOSTER FAMILY STATUS

Woodfords Family Services ♦ 15 Saunders Way, Ste. 900, Westbrook, ME 04092 ♦ (207) 878-9663

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# _____

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 ____

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):

First MI Last

D.O.B.: ____/____/____
Mo/Day/Yr relationship

First MI Last

D.O.B.: ____/____/____
Mo/Day/Yr relationship

First MI Last

D.O.B.: ____/____/____
Mo/Day/Yr relationship

First MI Last

D.O.B.: ____/____/____
Mo/Day/Yr relationship

First MI Last

D.O.B.: ____/____/____
Mo/Day/Yr relationship

Children Not Living in the Home:

First MI Last

D.O.B.: ____/____/____
Mo/Day/Yr relationship

First MI Last

D.O.B.: ____/____/____
Mo/Day/Yr relationship

First MI Last

D.O.B.: ____/____/____
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

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.