Thank you for your interest in fostering a child. The information below will be used to assess if now is the right time to become a foster parent, as well as understand what child would be the best fit for your foster home. Please answer the questions below as accurately and truthfully as possible. If you need additional space to answer questions, please use a separate sheet of paper. Please note per 65C-13.031 **“It is unlawful for any person to make a willful or intentional misstatement on any license application or other document filed in connection with an application for a license. An applicant who makes such willful or intentional misstatements shall have his or her license denied or revoked.”**

* *Note to agency Licensing Specialist: Any changes, comments or notes that you make on this form must be initialed.*

|  |
| --- |
| **1. Foster Family Name** |
| Applicant #1: |
| Applicant #2: |
| Address: |
| When did you move to this address? |
| *If you have lived at this address for less than 5 years, please list all previous addresses and dates here:* |

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| --- |
| **2. Describe your home and the space that you will have available for a foster child.** |
|  |

**HOUSEHOLD COMPOSITION**

|  |
| --- |
| **3. Excluding the applicants listed on page 1, please list all other household members that currently live in your home.** |
| Name | Date of Birth | Age | Gender | Relationship |
|  |  |  |  |  |
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|  |  |  |  |  |
| **4. Please list all birth or adopted children that do not live with you.** |
| Name | Age | Address | Telephone Number |
|  |  |  |  |
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| --- |
|  **5. Do you have any pets?** [ ]  Yes [ ]  No *If “yes,” please complete below* |
| Name of Pet | Type of Pet (dog, cat, bird, etc) | If your pet is a dog, cat or ferret is your pet current on their vaccinations? |
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|  **6. Excluding the agency you are currently working with, has either applicant attended any portion of a foster parent/adoption training class with *another* agency in the past 5 years?**  |
|   [ ]  Yes [ ]  No *If yes, please complete below:**What is the name of the agency?**Why did you discontinue working with the agency listed above?* |

|  |
| --- |
|  **7. Has either applicant been a licensed foster parent in Florida or another state?**  |
|  [ ]  Yes [ ]  No If “yes”, please complete below:  Name of licensing agency County/State Years Licensed |

|  |
| --- |
| **8. Please list close friends or family who frequently visit your home and may have unsupervised contact with a foster child placed in your home.**  |
|   Name of family/friend How often do they visit your home? |

**COMMITMENT TO FOSTER CARE & WORKING IN PARTNERSHIP**

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| --- |
| **9. Please describe any traditions, hobbies or activities that your family enjoys. How will you include your foster child?** |
|  |

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| --- |
| **10. Will your family commit to transporting your foster child to medical and dental appointments?** |
|   [ ]  Yes [ ]  No *If “no,” please explain* |

|  |
| --- |
| **11. In the foster parent training class, you learned about supporting birth family connections. Please list three ways you could support a foster child’s connection with their family.** |
| 1)2)3) |

**FAMILY FINANCES**

|  |
| --- |
| **12. Please list all sources of income for the household including salary from your employment, disability or retirement benefits, Child Support, SNAP, SSI or cash assistance from family members.** |
| Income Source | Net Income Per Month |
|  |  |
|  |  |
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| --- |
| **13. PLEASE DOCUMENT YOUR MONTHLY HOUSEHOLD EXPENSES** |
| **Monthly Rent/Mortgage Payment** | **$** |
| **Other Homeowner expenses not included in mortgage/rent***i.e.: HOA dues, Homeowners Insurance, Property Taxes* | **$** |
| **Food and Household Supplies** | **$** |
| **Car Payment(s)** | **$**  |
| **Car Insurance** | **$**  |
| **Misc. Transportation Expenses***i.e.: Gas or public transportation*  | **$** |
| **Child Care Expenses**  | **$** |
| **Telephone:** *Please include cell phones* | **$** |
| **Cable TV and/or Internet** | **$** |
| **Medical Expenses***i.e.: Insurance premiums if paid separately, prescription medications* | **$** |
| **Utilities***i.e: Gas, Electric, Water* | **$** |
| **Misc. Family Expenses** *i.e.: clothing, entertainment, salon visits* | **$** |
| **Please list any other loan payments here**:*i.e. home equity line of credit, recurring credit card payments, etc*  | **$** |
| **Other Bills or Obligations**  | **$** |
| **Other Bills or Obligations** | **$** |
| **Total Monthly Expenses** | **$** |

|  |
| --- |
| **14. Does your family have sufficient income or savings to provide food, clothing and other expenses for a foster child until the first reimbursement check arrives?**  |
|  [ ]  Yes [ ]  No *Please Note: The first check may take up to 6 weeks to arrive and will provide financial reimbursement retroactive to the date of placement. Daycare requests may take a few days to process, therefore, a few days of child care expenses may need to be paid out of your family budget until the reimbursement check arrives.*  |

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| **15. How do you think becoming a foster parent might affect your family’s job/work schedule?** |
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| --- |
| **16. How will your family handle an unexpected need to pick up a child during your work hours?** *(For example the child is sick or is injured on the playground)* |
|  |

Thank you for your willingness to open your heart and home to an abused, neglected or abandoned child. If you need additional space to answer any of the questions above please feel free to use a separate piece of paper.

**Applicant(s) please read before signing:** *Pursuant to*65C-13.031: “*It is unlawful for any person to make a willful or intentional misstatement on any license application or other document filed in connection with an application for a license. An applicant who makes such willful or intentional misstatements shall have his or her license denied or revoked.”*

**By signing below, I attest that the information provided in this General Family Profile is true, accurate and correct to the best of my knowledge.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Applicant #1 **PRINT** name |  | Applicant #1 SIGNATURE |  | Date  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Applicant #2 **PRINT** name |  | Applicant #2 SIGNATURE |  | Date  |