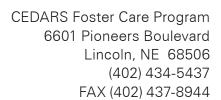
FOSTER / RESPITE CARE APPLICATION

I/we			_, hereby apply to provide foster/respite care in			
my/our home for CED	OARS.		, , , ,	•	•	
Applicant Name (mon	ı-include mai	den)				
Social Security number	er					
Applicant Name (dad)						
Social Security number						
Street Address		(City	State	Zip	
Home Telephone			E-mail address			
Cell Phone (mom)			Work Phone _			
			Work Phone			
Persons Currently Livi	Currently Living In Your Home (Incl DOB Gend		g applicants) Relationship	ē	Highest Level of Completed Education	









Why are you interested in becoming a foster/respite parent?						
How did you become aware of the CF	EDARS Foster Care program?					
Family Income Level (<i>Please check app</i> □ \$10,000 - 20,000 □ \$20,001 -	-	□ \$40,001 - 50	,000 □ \$50,001+			
Do you have a religious affiliation?	☐ Yes ☐ No If so, what?					
Please list five references who have kr least three being non-relatives.	nown you for at least 2 years and ar	e aware of your p	arenting skills with at			
Name						
Address	City	State	Zip			
Home Telephone	Work Telephon	Work Telephone				
Name						
Address	City	State	Zip			
Home Telephone	Work Telephon	ie				
Name						
Address	City	State	Zip			
Home Telephone	Work Telephon	ie				
Name						
Address	City	State	Zip			
Home Telephone	Work Telephon	e				
Name						
Address	City	State	Zip			
Home Telephone	Work Telephon	ie				
I/we hereby give my/our permission fability to provide foster/respite care fo		isted individuals 1	regarding my/our			
Applicant's Signature		Date				
Applicant's Signature			Date			

^{*} Information requested on this application is required by regulation and is considered confidential.