FOSTER / RESPITE CARE APPLICATION

I/we _____, hereby apply to provide foster/respite care in my/our home for CEDARS.

Applicant Name *(mom-include maiden)* _____
Social Security number _____

Applicant Name *(dad)* _____
Social Security number _____

Street Address _____ City _____ State _____ Zip _____
Home Telephone _____ E-mail address _____
Cell Phone (*mom*) _____ Work Phone _____
Cell Phone (*dad*) _____ Work Phone _____

Persons Currently Living In Your Home *(Including applicants)*

Name	DOB	Gender	Relationship	Highest Level of Completed Education

CEDARS Foster Care Program
6601 Pioneers Boulevard
Lincoln, NE 68506
(402) 434-5437
FAX (402) 437-8944

CEDARS

Why are you interested in becoming a foster/respite parent? _____

_____

How did you become aware of the CEDARS Foster Care program? _____

_____

Family Income Level *(Please check appropriate one.)*

☐ $10,000 - 20,000 ☐ $20,001 - 30,000 ☐ $30,001 - 40,000 ☐ $40,001 - 50,000 ☐ $50,001+

Do you have a religious affiliation? ☐ Yes ☐ No If so, what? _____

Please list five references who have known you for at least 2 years and are aware of your parenting skills with at least three being non-relatives.

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

I/we hereby give my/our permission for CEDARS to contact the above listed individuals regarding my/our ability to provide foster/respite care for children.

_____

Applicant's Signature Date

_____

Applicant's Signature Date

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