

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Adoption & Foster Care Application

I am interested in:

(Please check one)

Foster Care

Adoption

Kinship Care

Applicant (Parent 1)

Last First MI DOB Male/Female

Spouse or Partner (Parent 2)

Last First MI DOB Male/Female

Address

Street Apt # City/State Zip

Home Phone

(Parent 1) Work Phone

Email address: _____

(Parent 2) Work Phone

1. How long have you lived at this address: _____
2. Do you live within a 25-mile radius of Washington DC? Yes No
3. Do you reside in Section-8 Housing: Yes No or Transitional Housing Yes No

Personal Information

Parent 1

Parent 2

3. Place of Birth _____
4. Social Security _____
5. Religion _____
6. Highest Grade Completed _____
7. Race/Ethnic Origin _____
8. Number of Bedrooms _____
9. Insurance (check all that you have) Life Medical Auto Home

Children at Home

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Others in Home

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Sources of Income

Parent 1

Parent 2

10. Who is your primary Employer? _____

11. Annual Income _____

(√ Check all that apply)

Employment Self-Employment Social Security/Disability Retirement

SSI TANF or AFDC Child Support Other _____

Marital Status

12. Single Married Separated Divorced Dom. Partner Widowed LGBT Individual/Family (optional)

If married, date of marriage _____

Criminal History

13. Do you or anyone in your household have a trial pending for any charge? Yes No
If yes, please explain: _____

14. Have you or anyone in your household ever been convicted of a crime? Yes No
If yes, please explain: _____

15. Are you or anyone in your household currently on probation or parole? Yes No
 If yes, please explain: _____

16. Have you or anyone in your household ever been investigated for child abuse or neglect?
 Yes No If yes, please explain: _____

Medical History

17 Does either parent have any health condition for which you are or have recently received treatment? If yes, please explain:

Parent 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Parent 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

18. Are you currently or have you ever been an adoptive or foster parent? Yes No
 If so, where and when did you adopt/foster? DC MD VA Yes Other _____
 Date _____

19. Are you currently applying or have you ever applied to become an adoptive or foster parent through another agency? Yes No
 If yes, please explain and indicate the agency and date: _____

About the Child(ren) You Wish to Adopt/Foster (check all that apply)

Age Range	Gender	Number of Children
<input type="checkbox"/> 0 – 2 years	<input type="checkbox"/> Male	<input type="checkbox"/> one
<input type="checkbox"/> 3 – 5 years		<input type="checkbox"/> two
<input type="checkbox"/> 5 – 10 years	<input type="checkbox"/> Female	<input type="checkbox"/> three
<input type="checkbox"/> 10 – 15 years		<input type="checkbox"/> four
<input type="checkbox"/> 15 – 20 years	<input type="checkbox"/> Either	<input type="checkbox"/> five or more

****Please Note CFSA Licenses all homes from 0-20 or 6-20 depending on Lead Paint Results**

20. Would you consider fostering or adopting any of the following:
 Children with special medical/emotional needs Teenage mothers and their children

Comments/Remarks _____

Please Sign:

I attest to the best of my knowledge that all of the above information is correct and complete.

Parent 1

Date

Parent 2

Date

Please return this application to the recruiter during orientation fax or mail to:

**CHILD & FAMILY SERVICES AGENCY
ADOPTION & FOSTER CARE RECRUITMENT UNIT
200 I Street SOUTHEAST
WASHINGTON, DC 20003
FAX: (202) 727-3348**

For more information call: (202) 671-LOVE (671-5683)

Referrals

1. How did you hear about this program? _____

2. Do you know a neighbor, friend or family member who is interested in adoption or foster care?

Name

Phone

Summary and Disposition

(For Office Use Only)

* Date referred to orientation _____

Home approved Yes No

* Date referred to training _____

Date home approved _____

* Date training completed _____

Comments
