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

Application to the Director of Child and Family Services Agency to Establish, Operate and Maintain a Foster Family Home for Children

Date: _____

1. Name of Applicant: _____ _____ _____
First Middle Last

2. Name of Spouse: _____ _____ _____
or Live in Partner First Middle Last

3. Social Security No: _____ Social Security No: _____
Applicant Spouse

4. Address: _____
Number Street Apartment # [If Applicable]

Washington, DC _____ **Ward** 1 2 3 4 5 6 7 8
Zip Code (Circle One)

5. Phone Number: _____ _____
Home Work

6. a) I have lived at this address ____ years. b) I have lived in Washington DC ____ years.

7. Marital Status: _____ Age: _____

8. Total number of individuals living in the home: _____

a) Under 9 years ____ b) Between 9 - 18 years ____ c) Persons 18 years and over ____

9. I live in a house _____/ Apartment _____.

a) Number of rooms _____ b) Number of bedrooms _____

10. I am applying for a license to operate a ☐ kinship, ☐ traditional, ☐ adoptive home for _____ children between the ages of _____ and _____ years.

11. Give three (3) references (not relatives) who have known the applicants for at least three years:

Name Address Telephone No.

a) _____

b) _____

c) _____

Describe briefly your experience (s) in caring for children:

_____

_____

_____

12. I have been provided the requirements and responsibilities applicable to foster parent(s) by the social worker and I understand that:
    a. The license, when granted, will be valid for two years. To maintain my license specific documents must be renewed every year.
    b. The care I will provide to the children shall ensure their safety, well-being and permanence.
    c. All health regulations for adults and children shall be met.
    d. I shall keep a register showing the children's names, ages, dates accepted, dates discharged and reasons for discharge, as well as the names and address of parents and guardians where appropriate.
    e. The Director of Child and Family Services Agency or his/her designated representative shall have the right to inspect the above mentioned foster home.
    f. If at any time there is evidence that the health, welfare or safety of the child(ren) is threatened, the Director of Child and Family Services Agency or his/her designated representative can/shall begin the process of license suspension or revocation.

13. I certify that the information provided above is complete and correct.

_____ Date: _____
Signature of Applicant (include maiden name if applicable)

_____ Date: _____
Signature of Spouse (If applicable)

RETURN TO: The Child and Family Services Agency, Family Licensing Division, 200 I Street SE, Washington, DC 20003