

State of Illinois
Department of Children and Family Services

FOSTER FAMILY HOME INFORMATION

I. NAME: Applicant A _____
(Last) (First) (Middle)

Applicant B _____
(Last) (First) (Middle)

ADDRESS: _____
(Street or Rural Route)

(City) (Zip Code) (County) (Telephone)

How long have you been a resident of Illinois? Applicant A: _____ Applicant B: _____
(Months) (Years) (Months) (Years)

II. HOME—Check any boxes that apply

DO YOU OWN RENT LANDLORD APPROVAL TO CARE FOR UNRELATED CHILDREN YES NO
 APARTMENT MOBILE HOME HOUSE OTHER _____

WATER SUPPLY CITY OTHER (Specify) _____

DIRECTIONS FOR REACHING YOUR HOME: _____

III. MARITAL STATUS—Check One Box

- MARRIED _____
(Date)
 SINGLE WIDOWED
 DIVORCED LEGALLY SEPARATED

PROVIDER ID# _____
Licensing Rep. _____
R/S/F _____

IV. MEMBERS OF HOUSEHOLD
(include Children, Relatives, Others)

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #	RELIGION
Applicant A:				
Applicant B:				
Other Adult/Child:				
Other Adult/Child:				
Other Adult/Child:				
Other Adult/Child:				
Other Adult/Child:				

Language(s) Spoken _____

V. CURRENT EMPLOYMENT

	Name of Firm	Address	Title or Position	Working Hours	Years Employed
Applicant A				_____ to _____	
Applicant B				_____ to _____	

Approximate Annual Income of Total Household, Regardless of Sources: _____

IF APPLICANT(S) WORK OUTSIDE OF HOME, DESCRIBE CHILD CARE PLANS: _____

VI. DESCRIBE YOUR EXPERIENCE WITH CHILDREN OTHER THAN YOUR OWN. THESE MAY INCLUDE CARE OF RELATIVE'S CHILDREN, TEACHING SUNDAY SCHOOL, WORK WITH SCOUTS OR OTHER GROUPS, ETC.

WHY DO YOU WANT TO PROVIDE CHILD CARE? _____

STATE THE AGE RANGE, SEX, AND NUMBER OF CHILDREN YOU WOULD LIKE TO HAVE IN YOUR HOME:

VII. REFERENCES: You must list at least three (3) persons unrelated to you who know how you care for children

1. Name _____ Phone _____

Address _____ City _____ Zip Code _____

2. Name _____ Phone _____

Address _____ City _____ Zip Code _____

3. Name _____ Phone _____

Address _____ City _____ Zip Code _____

IF EITHER APPLICANT HAS BEEN AN ILLINOIS RESIDENT FOR LESS THAN FIVE YEARS, INCLUDE TWO REFERENCES FROM THE PREVIOUS RESIDENCE STATE:

4. Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

5. Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I/WE UNDERSTAND THAT MAKING MATERIALLY FALSE STATEMENTS IN ORDER TO OBTAIN A LICENSE OR PERMIT CONSTITUTES A CLASS A MISDEMEANOR AND THAT I/WE MAY BE PROSECUTED FOR SUCH MISCONDUCT.

Signature (Applicant A)

Signature (Applicant B)

Date _____