

THERAPEUTIC



INTERVENTIONS, INC.

**FOSTER PARENT APPLICATION
APPLICANT ONE:**

Name:	SS #:
Address:	Birth Date:
City, State, Zip:	Phone:

APPLICANT TWO:

Name:	SS #:
Address:	Birth Date:
City, State, Zip:	Phone:

	Applicant One	Applicant Two
Race		
Sex		
Religion		
Are you a U.S. Citizen?		
Last grade completed		
Marital status		
# of previous marriages		
Emergency phone number		

CHILDREN LIVING IN THE HOME:

Name	Birthday	Sex	Grade in school or occupation	Relationship

CHILDREN LIVING OUTSIDE THE HOME:

Name	Birthday	Sex	Grade in school or occupation	Relationship

LEGAL: Are you currently charged with or have you ever been convicted, placed on probation, or received a suspended sentence for any of the following:

	Applicant One		Applicant Two	
	YES	NO	YES	NO
Any crime involving children				
Any crime of violence				
Possession, sale/manufacturing, or transportation of drugs				
Any other crime: If yes, please explain on another sheet of paper				

Has anyone in the home ever been arrested or convicted of a felony (including suspended sentences)? _____ YES _____ NO If yes, please explain: _____

Has anyone in the home ever been under investigation by the state for abuse, neglect, or any sexual offense involving a child? _____ YES _____ NO
If yes, please explain: _____

If anyone in the home has served in the Armed Forces, please give the branch of service, date of termination and type of discharge:

