

Are you interested in becoming a foster parent?

You can apply to join our team of resource and therapeutic foster parents if you are:

- are at least 21 years old in good health
- are married, single or living with a partner
- have sufficient income to meet your own family's needs
- can make room in your home and heart for children who need safe and temporary care

Please fill out this application and mail it to:

The Astor Home For Children
attention: Angela Sommella
66 Bennett Street,
Middletown, NY 10940

FOSTER/PROFESSIONAL PARENT APPLICATION
DIRECTIONS TO YOUR HOME: _____

DO YOU OWN YOUR HOME? _____ **DO YOU RENT?** _____

DO YOU CURRENTLY MAKE MORTGAGE PAYMENTS ON YOUR HOME? _____

HOUSEHOLD SPACE AND COSTS: (ENTER INFORMATION IN APPROPRIATE SPACES BELOW)

Type of Dwelling	Number of Rooms	Number of Bedrooms	Monthly Rent/Mortgage
Apartment			
House			
Trailer			

MARITAL STATUS

	Parent 1/Mother	Parent 2/Father
Single		
Divorced		
Legally Separated		
Widowed		
Non-Legal Separation		

DATE OF CURRENT MARRIAGE _____

(CITY) _____ **(STATE)** _____

PREVIOUS MARRIAGE(S)

	Parent 1/Mother	Parent 2/Father
To Whom Were You Previously Married?		
Dates		
How Was This Marriage Terminated (Death, Divorce, Annulment)		
Date(s) of Termination		
Place(s) of Termination (City & State)		

**FOSTER/PROFESSIONAL PARENT APPLICATION
LIST CHILDREN/YOUTHS NOT LIVING IN THE HOME**

Name	Age	Address	Telephone

LIST OTHER MEMBERS OF YOUR HOUSEHOLD (RELATIVES, BOARDERS, ETC.)

Name	Age	Telephone

PLEASE LIST LANGUAGE(S) SPOKEN IN YOUR HOME: _____

EDUCATION

	Parent 1/Mother	Parent 2/Father
Elementary/High School Enter The Last Grade Completed 1-12		
College Enter Years Completed 1-8		
Technical School Enter Type of School and Years of Training		
Apprenticeships(s) Or Other Training		

MILITARY SERVICE

	Parent 1/Mother		Parent 2/Father	
Have You Ever Served In The Armed Forces?	Yes	No	Yes	No
Branch				
Type of Discharge				
Date of Discharge				
Are You Active In Military Reserves?	Yes	No	Yes	No

HEALTH – IN THE SPACE PROVIDED BELOW, PLEASE STATE YOUR GENERAL HEALTH

Parent 1/Mother	Parent 2/Father

**FOSTER/PROFESSIONAL PARENT APPLICATION
PLEASE LIST EXPERIENCE AS A FOSTER PARENT**

	Parent 1/Mother		Parent 2/Father	
Have You Ever Applied For Or Have You Ever Been Licensed As A Foster Parent?	Yes	No	Yes	No
If Yes, Name of Agency				
Full Address of Agency				
Telephone Number of Agency Please Include Area Code	()		()	
When Were You a Foster Parent? Please Give Dates				
Address of Where You Lived When You Were Licensed				

AUTHORIZATION FOR OBTAINING INFORMATION:

Authorization is hereby granted to The Astor Home for Children to obtain information from the above named Agencies. I understand that in order to protect the confidentiality of records, my agreement to obtain information is necessary and that this permission is limited to the purposes and to persons listed above.

PARENT 1/MOTHER SIGNATURE

PARENT 2/FATHER SIGNATURE

IN THE SPACE PROVIDED BELOW, PLEASE BRIEFLY STATE YOUR REASONS FOR WISHING TO BOARD FOSTER CHILDREN IN YOUR HOME

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CHILD CARE INTERESTS AND PREFERENCES

How Many Children Would You Like to Board In Your Home?	
What Age(s) Do You Prefer?	
Male or Female?	
Racial Preference?	
Religious Preference?	
Are You Interested In Caring for a Child Or Children With Special Needs? (I.E. Mental, Physical or Emotional Impairment)	

	Mother/Parent 1	Father/Parent 2
I UNDERSTAND I MUST ATTEND _____ TRAINING SESSIONS:	YES _____ NO _____	YES _____ NO _____
I ALSO UNDERSTAND THAT I CAN WITHDRAW FROM THE PREPATORY PROGRAM AT ANY TIME BEFORE CERTIFICATIN TAKES PLACE:	YES _____ NO _____	YES _____ NO _____

PLEASE E INFORMED THAT IT WILL BE NECESSARY TO SUBMIT THE FOLLOWING INFORMATION DURING THE CERTIFICATION/APPROVAL PROCESS:

- A. REPORT OF PRIOR PHYSICAL EXAM WITHIN THE LAST SIX MONTHS PRIOR TO APPLICATION OR DURING THE APPLICATION PROCESS.**
- B. WRITTEN STATEMENT FROM A PHYSICIAN REGARDING HOUSEHOLD MEMBERS:**
 - 1. General Health**
 - 2. Absence of Communicable Diseases**
 - 3. Illness or Physical Condition**
 - 4. Tine (TB) Test or Chest X-Ray**
- C. IF MARRIED, PROOF OF MARRIAGE**
- D. IF DIVORCED, PROOF OF DISSOLUTION**
- E. EVIDENCE OF EMPLOYMENT AND SALARY**
- F. STATE REGISTRY REPORT OR ANY INDICATED CHILD ABUSE OR MALTREATMENT**
- G. FINGERPRINTS FOR CRIMINAL HISTORY CLEARANCE**
- H. FOSTER/PROFESSIONAL PARENT AGENCY AGREEMENT**

PARENT1/MOTHER’S SIGNATURE

DATE

PARENT 2/FATHER’S SIGNATURE

DATE

REFERENCES: PLEASE LIST FOUR REFERENCES. THESE REFERENCES SHOULD KNOW YOUR FAMILY WELL AND BE NON-RELATIVES.

ALL FOUR (4) REFERENCES WILL BE CONTACTED IN WRITING. TWO (2) WILL BE INTERVIEWED.

REFERENCE 1: NAME	(AREA CODE) TELEPHONE
MR. MRS. MS.	() _____

NUMBER AND STREET

**CITY, STATE,
ZIP CODE**

REFERENCE 2: NAME	(AREA CODE) TELEPHONE
MR. MRS. MS.	() _____

NUMBER AND STREET

**CITY, STATE,
ZIP CODE**

REFERENCE 3: NAME	(AREA CODE) TELEPHONE
MR. MRS. MS.	() _____

NUMBER AND STREET

**CITY, STATE,
ZIP CODE**

REFERENCE 4: NAME	(AREA CODE) TELEPHONE
MR. MRS. MS.	() _____

NUMBER AND STREET

**CITY, STATE,
ZIP CODE**
