



37 North Maysville
Mt. Sterling, KY 40353

Phone: (859) 498-9892
Fax: (859) 498-0316

FOSTER PARENT APPLICATION

Name: _____ Phone (work): _____ Cell: _____

Soc. Sec. Number: _____ Date of Birth: _____

Name: _____ Phone (work): _____ Cell: _____

Soc. Sec. Number: _____ Date of Birth: _____

Mailing Address:

Residential Address:

Directions to Your Home (be specific):

If already a Foster Home, with what agency? _____ How long? _____

Number of children you are interested in serving: _____

Number of bedrooms in your home: _____

Gateway Children's Services shall not discriminate on the grounds of race, color, religion, sex sexual orientation, or disability.
Gateway Children's Services provides reasonable accommodations to qualified individuals with disabilities upon request

Employment Status:

Applicant Name	Place of Employment	How Long

List ALL Household Members:

Name	Age	Relationship

Family members who no longer live in the house:

Name	Age	Relationship

I certify that all information provided on this form is correct to the best of my knowledge.

Signature: _____

Date: _____

Signature: _____

Date: _____

*Please email completed application to Ashley Means – Foster Care Program Director:
a.means@gatewaychildren.org or Mail to 37 N. Maysville Street – Mt. Sterling, KY 40353.
For additional information call 859-498-9892.

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