

37 North Maysville
 Mount Sterling, KY 40353
www.gatewaychildrenservices.org



Phone: (859) 498-9892
 Fax: (859) 498-0316
fostercare@gatewaychildren.org

FOSTER PARENT INITIAL APPLICATION

APPLICANT INFORMATION

| | |
|------------------------|--|
| Parent Name | |
| Social Security Number | |
| Date of Birth | |
| Home Address | |
| Email Address | |
| Phone (Cell) | |

| | |
|------------------------|--|
| Parent Name | |
| Social Security Number | |
| Date of Birth | |
| Home Address | |
| Email Address | |
| Phone (Cell) | |

EMPLOYMENT STATUS

| | |
|---------------|--|
| Employer Name | |
| How Long? | |
| Phone (Work) | |

EMPLOYMENT STATUS

| | |
|---------------|--|
| Employer Name | |
| How Long? | |
| Phone (Work) | |

HOUSEHOLD MEMBERS

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
| | | |
| | | |
| | | |

FOSTER EXPERIENCE

Have you been an approved foster home in the past? YES NO
 If Yes, Agency Name _____
 Reason for leaving: _____

REFERRAL

How did you hear about Gateway Children's Services?
Event Social Media Flyer Website Signage Foster Parent Friend
Other _____

FOSTER PLACEMENT INFORMATION

| | |
|---|--------------------|
| Total Bedrooms in Your Home | |
| Total Bathrooms in Home | |
| How many foster children would you like to accept? | |
| Are you open to accepting siblings? | YES NO |
| What distance are you willing to travel for the foster child's family visitations and appointments? | |

WE WILL ACCEPT THE FOLLOWING:

| Gender | Age | Special Needs | Child Goal |
|--------------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> 0-3 | <input type="checkbox"/> I'd like to learn more | <input type="checkbox"/> Return to Parent |
| <input type="checkbox"/> Female | <input type="checkbox"/> 4-7 | <input type="checkbox"/> Medically Complex | <input type="checkbox"/> Long Term Placement |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> 8-11 | <i>(designated by each child's medical needs - examples could include diabetes, organ transplant recipients, epilepsy, cancer, hypothyroidism, scoliosis, etc)</i> | <input type="checkbox"/> Adoptive Placement |
| | <input type="checkbox"/> 12-14 | | <input type="checkbox"/> Respite Only <i>(short term)</i> |
| | <input type="checkbox"/> 15-17 | | |
| | <input type="checkbox"/> 18+ | | |
| | | <input type="checkbox"/> Autism/Low IQ | |
| | | <input type="checkbox"/> Sexual Behaviors | |

Behaviors

| | |
|--|--|
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Completing Residential Program |
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Physical aggression |
| <input type="checkbox"/> Difficulty accepting authority | <input type="checkbox"/> Animal abuse |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Not able to live with other children |
| <input type="checkbox"/> Difficulty with boundaries | <input type="checkbox"/> Not able to share a room with a child |
| <input type="checkbox"/> Not Potty Trained | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Visits with biological family | <input type="checkbox"/> Suicidal attempts |
| <input type="checkbox"/> Phone contact with bio family | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Different religion than your home | <input type="checkbox"/> Fire Setting |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Other (please explain _____) |
| <input type="checkbox"/> Shows no remorse | _____ |

SIGNATURE

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

Parent Signature: _____ Date: _____
 Printed name: _____

Parent Signature: _____ Date: _____
 Printed name: _____

Please return this form to 37 North Maysville Street, Mount Sterling, KY 40353.
 You may also email to fostercare@gatewaychildren.org or fax to 859.498.0316.