

37 North Maysville Phone: (859) 498-9892

Mount Sterling, KY 40353 Fax: (859) 498-0316

[*www.gatewaychildrenservices.org*](http://www.gatewaychildrenservices.org)*fostercare@gatewaychildren.org*

**FOSTER PARENT APPLICATION**

**APPLICANT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  |  | Parent Name |  |
| Social SecurityNumber |  |  | Social SecurityNumber |  |
| Date of Birth |  |  | Date of Birth |  |
| Home Address |  |  | Home Address |  |
| Email Address |  |  | Email Address |  |
| Phone |  cell home |  | Phone |  cell home |
| **EMPLOYMENT STATUS** |  | **EMPLOYMENT STATUS** |
| Employer Name |  |  | Employer Name |  |
| How Long? |  |  | How Long? |  |
| Phone (Work) |  |  | 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 *(if applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 *(2 or more children)?* It’s always best for a child to stay with their brothers and sisters when possible after being removed from their home.  | **YES NO** |
| What distance are you willing to travel for the foster child’s family visitations and appointments?  |  |

**WE WILL ACCEPT THE FOLLOWING CHILD(REN):**

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

**WE WILL ACCEPT CHILD(REN) WITH THE FOLLOWING:**

|  |
| --- |
| *\*Please note our services include working directly with the child(ren) and the parent(s) through behaviors.* |
| □ Withdrawn□ Difficulty sleeping□ Lying□ Difficulty accepting authority□ Hyperactive□ Difficulty with boundaries□ Not Potty Trained□ Visits with biological family□ Phone contact with bio family□ Different religion than your home□ Stealing□ Shows no remorse□ Substance Abuse History (tobacco, drugs, alcohol, etc)□ Verbal Aggression□ Parenting Youth | □ Human Trafficking Victim□ Truancy □ AWOL Risk□ Completing Residential Program□ Property Damage□ Physical aggression□ Animal abuse□ Not able to live with other children□ Not able to share a room with a child□ Suicidal thoughts□ Suicidal attempts□ Self-harm□ Fire Setting□ Other (please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **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;
email* *fostercare@gatewaychildren.org* *or fax to 859.498.0316.*