

37 North Maysville Phone: (859) 498-9892

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

**FOSTER PARENT APPLICATION**

**APPLICANT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  |  | Parent Name |  |
| Social Security  Number |  |  | Social Security  Number |  |
| 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*](mailto:fostercare@gatewaychildren.org) *or fax to 859.498.0316.*