

37 North Maysville  
 Mount Sterling, KY 40353  
[www.gatewaychildrenservices.org](http://www.gatewaychildrenservices.org)



Phone: (859) 498-9892  
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[fostercare@gatewaychildren.org](mailto:fostercare@gatewaychildren.org)

## FOSTER PARENT APPLICATION

### APPLICANT INFORMATION

Parent Name	
Social Security Number	
Date of Birth	
Home Address	
Email Address	
Phone	cell home

Parent Name	
Social Security Number	
Date of Birth	
Home Address	
Email Address	
Phone	cell home

### 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 (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 ( <i>2 or more children</i> )? It's always best for a child to stay with their brothers and sisters when possible after being removed from their home.	<b>YES      NO</b>
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
<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	

### 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.*

<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Human Trafficking Victim
<input type="checkbox"/> Difficulty sleeping	<input type="checkbox"/> Truancy
<input type="checkbox"/> Lying	<input type="checkbox"/> AWOL Risk
<input type="checkbox"/> Difficulty accepting authority	<input type="checkbox"/> Completing Residential Program
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Difficulty with boundaries	<input type="checkbox"/> Physical aggression
<input type="checkbox"/> Not Potty Trained	<input type="checkbox"/> Animal abuse
<input type="checkbox"/> Visits with biological family	<input type="checkbox"/> Not able to live with other children
<input type="checkbox"/> Phone contact with bio family	<input type="checkbox"/> Not able to share a room with a child
<input type="checkbox"/> Different religion than your home	<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Stealing	<input type="checkbox"/> Suicidal attempts
<input type="checkbox"/> Shows no remorse	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Substance Abuse History (tobacco, drugs, alcohol, etc)	<input type="checkbox"/> Fire Setting
<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Other (please explain _____)
<input type="checkbox"/> Parenting Youth	_____

### 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.