

APPLICATION - Foster Family Home

Legacy Family Services, (661) 861-1133
2700 "F" Street, Suite 132
Bakersfield, California 93301



LIC #157806003

Contact Information	Applicant Name:		Co-Applicant Name:	
	Physical Address:			
	Resident Information: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease		Residence Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo/Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home	
	Home Phone:			
	Applicant Cellular Phone Number:		Co-Applicant Cellular Phone Number:	
Personal Information	Applicant Social Security Number:		Co-Applicant Social Security Number:	
	Applicant CA Driver's License #, (please attach a photocopy):		Co-Applicant CA Driver's License #, please attach a photocopy:	
	Applicant # of Driving Citations in the Past 5 years & what they were for:		Co-Applicant # of Driving Citations in the Past 5 years & what they were for:	
	Do you have reliable transportation for the family? Please list all makes, models, and years <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Applicant Date of Birth & Birth Place:		Co-Applicant Date of Birth & Birth Place:	
	Applicant Educational Level: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> College Degree		Co-Applicant Educational Level: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> College Degree	
	Applicant, currently employed? By whom? <input type="checkbox"/> Yes <input type="checkbox"/> No		Co-Applicant, currently employed? By whom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Applicant Work Phone Number:		Co-Applicant Work Phone Number:	
	Applicant Other Sources of Income:		Co-Applicant Other Sources of Income:	
	Applicant Annual Income:		Co-Applicant Annual Income:	
	Applicant Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Co-Applicant Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
	Applicant Ancestral Origin or Race, Please Check One <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> Hawaiian <input type="checkbox"/> Black / African American <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Laotian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Samoan <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Other Race <input type="checkbox"/> Guamanian <input type="checkbox"/> Mixed Race		Co-Applicant Ancestral Origin or Race, Please Check One <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> Hawaiian <input type="checkbox"/> Black / African American <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Laotian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Samoan <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Other Race <input type="checkbox"/> Guamanian <input type="checkbox"/> Mixed Race	
	Applicant Ethnicity, Please Check One <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Mexican / Mex.-American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____		Co-Applicant Ethnicity, Please Check One <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Mexican / Mex.-American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____	
	Applicant Languages, Please check all that apply <input type="checkbox"/> English <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese Dialect <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Filipino Dialect		Co-Applicant Languages, Please check all that apply <input type="checkbox"/> English <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese Dialect <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Filipino Dialect	
	Applicant Tribe, if applicable:		Co-Applicant Tribe, if applicable:	
	Applicant Tribe Location, if applicable:		Co-Applicant Tribe Location, if applicable:	
	Applicant Religion:		Co-Applicant Religion:	

Prior Certifications & Experience as a Foster Parent

Please tell us why you would like to become a Foster Parent?

Have you ever been licensed as a Foster parent with a county or state?

☐ Yes ☐ No

Have you ever been approved for relative placement by a county or state?

☐ Yes ☐ No

Have you ever applied to any other Foster Family Agency (FFA)?

☐ Yes ☐ No

Have you ever been denied certification by a Foster Family Agency (FFA)?

☐ Yes ☐ No

Have you ever been de-certified by any other Foster Family Agency (FFA)?

☐ Yes ☐ No

If you are currently certified, Do you have any reason to suspect that you may be de-certification by your current Foster Family Agency (FFA) in the near future?

☐ Yes ☐ No ☐ N/A

If you have made previous application, or are currently certified by any other FFA, county or state, please list the agency, county or state and the time associated.

If you have been denied certification, de-certified, or suspect that you may be de-certified in the near future by any other FFA, county or state please list the agency, county or state, and the reasons why.

Are you currently on a placement HOLD by a county and, if so, which county?

☐ Yes ☐ No

Are you currently certified with any other Foster Family Agency? (If yes, which one)?

☐ Yes ☐ No

You understand that if you are changing agencies, Legacy is required by law to contact the current or prior agency, county or state for reference.

☐ Yes, Please initial here _____

If you are currently certified with another agency, what is the reason for your desire to change agencies, be specific (use extra paper if necessary):

Please list the current sleeping arrangements in your home & attach a picture of your home.

Number of Rooms in the Home:

Describe the Bedrooms:

Gross Living Area:

Bedroom #1: Size, number of Beds, types of beds, current occupants

Number of Bathrooms

Number of Bedrooms (w/closet):

Bedroom #2: Size, number of Beds, types of beds, current occupants

Other than Bedrooms and Bathrooms, what other rooms does your home have:

Bedroom #3: Size, number of Beds, types of beds, current occupants

☐ Living Room

☐ Kitchen

☐ Dining Room

☐ Laundry Room

☐ Game Room

☐ Office

☐ Mud Room

☐ Pantry

☐ Den

☐ Other _____

Bedroom #4: Size, number of Beds, types of beds, current occupants

Bedroom #5: Size, number of Beds, types of beds, current occupants

Housing Information

List all members of your household (including foster Children and adults ages 18 and over)

Child #1, Name:	Other #1, Name & Relation:
Child #1, Date of Birth, gender:	Other #1, Date of Birth, gender:
Child #2, Name:	Other #2, Name & Relation:
Child #2, Date of Birth, gender:	Other #2, Date of Birth, gender:
Child #3, Name:	Other #3, Name & Relation:
Child #3, Date of Birth, gender:	Other #3, Date of Birth, gender:
Have you ever been convicted of a crime (if yes, explain using additional pages if necessary)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your home have a swimming pool, spa, or other body of water (if yes, explain)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you keep guns or firearms in your home (if yes, explain)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any potentially dangerous animals in your home (if yes, explain)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide three (3) personal references (non-related) who have known you for a minimum of three (3) years:

References

Applicant & Co-Applicant Reference #1, Name:	Applicant & Co-Applicant Reference #3, Name:
Applicant & Co-Applicant Reference #1, Address:	Applicant & Co-Applicant Reference #3, Address:
Applicant & Co-Applicant Reference #1, Phone Number:	Applicant & Co-Applicant Reference #3, Phone Number:
Applicant & Co-Applicant Reference #1, Please Indicate Relationship: <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker/Boss <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other _____ <input type="checkbox"/> Church Member	Applicant & Co-Applicant Reference #3, Please Indicate Relationship: <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker/Boss <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other _____ <input type="checkbox"/> Church Member
Applicant & Co-Applicant Reference #2, Name:	Applicant & Co-Applicant Reference #4, Name:
Applicant & Co-Applicant Reference #2, Address:	Applicant & Co-Applicant Reference #4, Address:
Applicant & Co-Applicant Reference #2, Phone Number:	Applicant & Co-Applicant Reference #4, Phone Number:
Applicant & Co-Applicant Reference #2, Please Indicate Relationship: <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker/Boss <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other _____ <input type="checkbox"/> Church Member	Applicant & Co-Applicant Reference #4, Please Indicate Relationship: <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker/Boss <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other _____ <input type="checkbox"/> Church Member

Preferences

Please describe the type of children you are interested in providing Foster Care to, include number, age, sex, and what kind of problems you are not willing to accept into your home (e.g. fire starters, sexual predators...).

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I/We declare under penalty or perjury, that I/We have read and understood the information contained in this application for a "Foster Care Certified Family Home" and my/our responses and any accompanying information/attachments or other documentation provided with this application is true and correct. Our signing of this application declares the information I/We provided herein is true, correct, and contains no material omissions of fact to the best of my/our knowledge. I/We understand that any false information that I/we knowingly provided is a misdemeanor. Submission of false information is a violation of law punishable by incarceration, a fine, or both incarceration and a fine.

The Foster Family Agency is required to check references of all Foster Family Agencies that have previously certified the applicant, and of all state or county licensing offices that have licensed the applicant as a foster parent. Signing of this application constitutes the authorization being provided by the applicant for the Foster Family Agency to conduct these checks of references.

Applicant Signature

Date

Co-Applicant Signature

Date

