|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Family: | | | | | | |
| Address: | | | | | | |
| City: | | State: | | | | Zip: |
| Home Phone: | | Work Phone: | | | | Cell: |
|  | | | | | | |
| **HOME/RESIDENCE INFORMATION** | | | | | | |
| Total Capacity Requested: | | Body of Water on Property:  N/A  Pool  Hot Tub  Other: | | | | Preferred Gender of Children Placed:  Male  Female  No Preference |
| Preferred Age Range of Children Placed:  Age:       to Age: | | Physical Environment Completed (Home and Grounds):  Yes  No | | | |  |
|  | | | | | | |
| **APPLICANT INFORMATION** | | | | | | |
| APPLICANT #1 | | | | APPLICANT #2 | | |
| Maiden Name/Alias/AKA: | | | | Maiden Name/Alias/AKA: | | |
| Date of Birth: | | | | Date of Birth: | | |
| Social Security #: | | | | Social Security #: | | |
| Place of Birth: | | | | Place of Birth: | | |
| Ethnicity: | | | | Ethnicity: | | |
| Citizenship Status: | | | | Citizenship Status: | | |
| Male  Female | | | | Male  Female | | |
| Religion: | | | | Religion: | | |
| Education: | | | | Education: | | |
| Language(s): | | | | Language(s): | | |
| Occupation: | | | | Occupation: | | |
| Employer: | | | | Employer: | | |
| Annual Gross Income: | | | | Annual Gross Income: | | |
| Tribal Affiliation: | | | | Tribal Affiliation: | | |
| **Date of Health Screening:** | | | | **Date of Health Screening:** | | |
| TB Test Results: | | | | TB Test Results: | | |
|  | | | | | | |
| **MARITAL / PARTNER INFORMATION** | | | | | | |
| APPLICANT #1 | | | | APPLICANT #2 | | |
| Single  Separated  Married  Divorced  Domestic Partnership  Widowed | | | | Single  Separated  Married  Divorced  Domestic Partnership  Widowed | | |
| Details of current marriage including date of marriage, location (city and state) and spouse’s name: | | | | Details of current marriage including date of marriage, location (city and state) and spouse’s name: | | |
| Details of past marriages, if any, including date of separation and divorce and name of prior spouse: | | | | Details of past marriages, if any, including date of separation and divorce and name of prior spouse: | | |
| **SONS AND DAUGHTERS OF APPLICANTS** | | | | | | |
| Name | Age / Gender | | Occupation or School | | City and State of Residence (date of death if deceased) | |
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