|  |
| --- |
| 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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