

APPLICATION

Host and Bridge Home

Please type or print clearly, giving complete and accurate information as requested. Thank you!

Last Name Only: _____ Home #: (____) _____

Cell# (A#1): (____) _____ Cell# (A#2): (____) _____

Work# (A#1): (____) _____ Work# (A#2): (____) _____

E-mail: _____ Fax#: (____) _____

Street/Mailing Address: _____

City/State/Zip Code: _____ County: _____

Directions for reaching your home: _____

1. SOCIAL INFORMATION:

APPLICANT #1

APPLICANT #2

Name:		
Date of Birth:		
Birth Place:		
Driver's License:	Verified: __ By: _____ <i>(Attach a Copy)</i>	Verified: __ By: _____ <i>(Attach a Copy)</i>
Education (Degree):		
Schools Attended:		
Occupation:		
Military Experience:		
	(Branch, Rank & Date)	(Branch, Rank & Date)
Hobbies/Interests:		
Community Activities:		

2. MARRIAGE:

Date: _____

Place of Marriage (Church Name/or Other): _____

By Whom: Title: _____ Name: _____

Location (City, State & Country): _____

3. RELIGION:

Church Name & Denomination: _____

Church Address: _____

Pastor's Name: _____ Church Telephone No.: (____) _____

Are You Full Members: **Applicant #1** Yes No **Applicant #2** Yes No

Distance from Your Home: _____

List Church Activities/Offices Held: _____

4. HEALTH:

APPLICANT #1

APPLICANT #2

Physician's Name: _____

Physician's Address: _____

Telephone No.: (____) _____ (____) _____

List medical _____

problems for which _____

treatment is needed: _____

Specialists who have _____

treated you: Name: _____

Address: _____

Telephone No.: (____) _____ (____) _____

Have you had any mental health problems for which you have needed treatment and/or hospitalization?

Yes No Explain: _____

Are you undergoing any kind of therapy? Yes No

Explain: _____

Are you on any medication? Explain: _____

5. HOME AND COMMUNITY:

Please sketch and give the approx. square footage of your Home and Yard on the provided FACILITY SKETCH forms (after page 5).

List all the persons living in your home excluding you (include children, relatives, boarders, etc.):

<u>NAME</u>	<u>BIRTH DATE</u>	<u>RELATIONSHIP</u>	<u>OCCUPATION/SCHOOL GRADE</u>

6. ECONOMIC CONDITION AND WORK HISTORY (Current Employment):

APPLICANT #1

APPLICANT #2

Company Name: _____

Position/Title: _____

Date of Hire: _____

7. HOUSING INFORMATION:

HOME:

Own Yes No **Rent** Yes No Monthly Payments: \$_____ Square Footage_____

Number of bedrooms: _____

8. REFERENCES:

List three (3) references that we may contact, giving ICA complete information below, who have known you well for a number of years. **Please do NOT include relatives, family physicians or pastors.**

<u>Name</u>	<u>Complete Address</u>	<u>Telephone No.</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. CRIMINAL HISTORY:

Have you ever been accused or arrested for child abuse, neglect and/or molestation? Yes No

Explain: _____

Have you ever been accused or arrested for spousal abuse? Yes No

Explain: _____

Have you ever been arrested? Yes No If yes, please list offenses and dates and give explanation.

Explain: _____

Please provide I.C.A. with a notice of final disposition from the court records for any offenses.

ICA carries liability insurance for the protection of our staff, families and children.

We have carefully and honestly completed this application for foster care. An agency representative may verify this information about our family. We understand that the acceptance of this application and approval of our family assessment is the decision of the staff. We will tell the staff of any changes prior to approval. We declare under penalty of perjury that the foregoing is true and correct. We also release any and all information in our files to other appropriate adoption agencies and/or foreign representatives involved in our adoption process. (Failure to disclose information or make any misrepresentations can result in immediate termination.)

Applicant #1 Signature: _____ Print Name: _____

Applicant #2 Signature: _____ Print Name: _____

Date: _____