



Hearts & Homes
for Youth

FOSTER PARENT APPLICATION

	Foster Parent (1)	Foster Parent (2)		
Full Name				
Preferred Name				
Date of Birth				
Marital Status				
Race				
Religious Affiliation				
Do you have a working car and a valid driver's license?				
Highest Grade Completed				
Occupation				
Present Address	Phone Number(s)/Contact Info			
	Home:			
	Work:			
	Cell:			
County:	Fax:			
How long have you lived at this address?	Email Address:			
Children currently living in the home or elsewhere: (HHY will seek references from all adult children so please include contact information for any child over 18 years old.)				
Name:	Age:	D.O.B.	Relationship:	Where living now:
Other adults currently living in the home and/or adults making frequent overnight visits:				
Name:	D.O.B.		Relationship:	

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About You:

Why would you like to become a foster parent with Hearts and Homes for Youth?

Are there any special needs such as handicap conditions, learning disabilities, sensory impairments etc. that you have been trained to meet? Please give details.

Please describe your work schedule and how it will accommodate the care requirements of a foster child:

Describe the private bedroom space(s) available in your home for a foster child(ren):
 (Bedrooms must comply with minimum space requirements and other Maryland Code requirements)

Would you be willing to parent:	YES/NO	Prior Experience/Notes
- a child experiencing behavioral and/or emotional challenges?	<input type="checkbox"/>	
- a child of any race, culture, ethnicity, etc?	<input type="checkbox"/>	
- a child of any gender expression or sexual orientation?	<input type="checkbox"/>	
- a child with special needs such as physical limitations, hearing impairment, autism, Downs Syndrome, non-English-speaking?	<input type="checkbox"/>	
- a pregnant or parenting teenager?	<input type="checkbox"/>	

Foster Parent #1 Signature:	Date:
Foster Parent #2 Signature:	Date:

Thank you for taking the time to fill this out!