



**Searcy Children's Homes, Inc.
Foster Care Application**

I. Identifying Information

Name of Applicant(s) _____

Home Phone _____

Cell Phone (his) _____ Cell Phone (hers) _____

Mailing Address _____ City _____

Zip _____ County _____ Email: _____

Directions for reaching your home _____

Have you ever applied to be foster parents through the state or other private agency? _____

If yes, name and address of agency: _____

If approved, when did you become involved in foster parenting? _____

If denied, when was it denied, and why? _____

Husband

Wife

Full Name		
Social Security #		
Date of Birth		
Place of Birth		
Last Grade Completed/ Name of School/College		
Degree/Special Training		
Occupation		

Annual Income		
Employer		
Work Phone		

II. Marriage Information

Date and Place of Marriage _____

County where license was secured _____

Has there been a previous marriage for husband? ____yes ____no

.....previous marriage for wife? ____yes ____no

If so, give the name of the former spouse and indicate whether he/she is deceased or if you were divorced. Include date and cause of death OR dates of marriage and divorce and reason.

III. Housing and Finances

Is your home owned or rented? _____ Monthly Payment _____

Present Value _____ Mortgage _____

Number of Bedrooms _____ Number of Bathrooms _____

Measurements of bedrooms to be used by foster children (square feet) _____

School District _____ Would child ride bus or be driven to school? _____

IV. Religious and Civic Involvement

Name and address of congregation you attend:

Minister's name and number: _____

Is husband an active, faithful member? _____ Attend Regularly? _____

Is wife an active, faithful member? _____ Attend Regularly? _____

Briefly describe any church activities or leadership roles in which you are involved.

Briefly describe any civic, community, or school organizations to which you belong.

V. Family Members

List the following information on your parents and siblings.

Family Member	Name	Home Town	Telephone	Age	Occupation	Support Decision to do Foster Care?
Husband's Father						
Husband's Mother						
Husband's Sibling						
Husband's Sibling						
Wife's Father						
Wife's Mother						
Wife's Sibling						
Wife's Sibling						

List the following information on your children. Include children from previous marriages, adult children no longer living at home, and any other household residents.

Full Name	M/F	Date of Birth	Grade and Name of School	Place of Residence (Home or Address)	Relationship to Applicant	Support Decision to do Foster Care?

VI. References

Please list individuals who have known your family for at least three years.

Relationship	Name	Complete Mailing Address	Telephone
Minister			
Elder			
Employer			
Relative of Husband			
Relative of Wife			
Friend			

VII. Child Desired

The following information will give us an idea of the type of child or children you are willing to care for in your home.

Age Range: _____ Male or Female: _____

Number of Children: _____

Type of Care: Short Term (respite) _____ Long Term (Independence) _____

Until Permanency (Return home or adoption) _____

Any health or medical conditions? _____

Any emotional or behavioral problems? _____

Learning Problems _____

Briefly describe your reasons for wanting to become foster parents. _____

Husband's Signature: _____ Date: _____

Wife's Signature: _____ Date: _____

Please return to: Searcy Children's Homes, Inc.
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Searcy, Arkansas 72145

Office: 501-268-3243

Email: office@searcychildrenshomes.org