

**APPLICATION TO CARE FOR CHILDREN**

Applicant: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Co-applicant: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Relationship of applicant and co-applicant: \_\_\_\_\_  
(e.g. wife/husband, parent/adult child, or sibling/sibling)

Length of time in that relationship: \_\_\_\_\_  
If married, place of marriage: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City/State/Zip)

Telephone Number \_\_\_\_\_

Previous addresses for the past ten (10) years (specify if only applicant's or co-applicant's):

Directions for reaching your residence (if applicable):

I am/We are applying for:  Foster home  Other

Why do you wish to provide foster care?

\_\_\_\_\_

Applicant		Co-applicant	
SSN	DOB	SSN	DOB
Birthplace: _____	_____	Birthplace: _____	_____
Ethnicity: _____	_____	Ethnicity: _____	_____
Caucasian, Black, Native American, American, Hispanic, Asian, Multi, Other		Caucasian, Black, Native American, Hispanic, Asian, Multi, Other	
Religious preference: _____	_____	Religious preference: _____	_____

Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Length of time with above employer: _____	Length of time with above employer: _____
Annual salary: gross _____	Annual salary: gross _____
net _____	net _____

Height: _____	Weight: _____	Height: _____	Weight: _____
Hair color: _____	Eye color: _____	Hair color: _____	Eye color: _____
Skin tone: <input type="checkbox"/> light <input type="checkbox"/> medium <input type="checkbox"/> dark		Skin tone: <input type="checkbox"/> light <input type="checkbox"/> medium <input type="checkbox"/> dark	
Any physical limitations: _____		Any physical limitations: _____	

Previous marriage: date married \_\_\_\_\_  
Date: \_\_\_\_\_

Previous marriage: date married \_\_\_\_\_  
Date: \_\_\_\_\_

Name	DOB	Sex
(Name)	(DOB)	(Sex)
(Name)	(DOB)	Sex
(Name)	(DOB)	(Sex)

Others in household:

(Name)	(Relationship)
(Name)	(Relationship)

Own  Buying  Renting house       Own  Buying  Renting house  
Total number of rooms in house: \_\_\_\_\_ Total number of rooms in house: \_\_\_\_\_  
Health  
Insurance:  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_ On whom: \_\_\_\_\_  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_ On whom: \_\_\_\_\_  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_ On whom: \_\_\_\_\_  
Homeowner's or renters Amount \_\_\_\_\_ Type of coverage: \_\_\_\_\_  
Car liability insurance Amount: \_\_\_\_\_ Company: \_\_\_\_\_

**CHILD PREFERENCE**

Age Range: \_\_\_\_\_ Sex: \_\_\_\_\_ Number: \_\_\_\_\_

(Please check any of the following types of child(ren) you feel would fit into your home and way of life):

Ethnicity:  Caucasian  Black  Native American  Hispanic  Asian  
 Other (include multi-racial)

Physically disabled:  Minor  Serious  Communicable diseases

Comments: \_\_\_\_\_

Emotionally disabled:  Hyperactive  Abused/Neglected  Behavioral Problems

Comments: \_\_\_\_\_

Other typed of disabilities  Learning disabled  Other

Comments: \_\_\_\_\_

**REFERENCES**

Five references are required. Two must be relatives. The other three must be non-relatives. The reference list should include [when applicable] a member of the clergy, a physician, an employer and a neighbor if they have personal knowledge of your family.

Name	Address	Phone

By signing this application, I/We acknowledge that I/We understand that information may be requested from references, physicians, and employers, and that my/our financial status may be verified. I/We agree to the release of such requested information to the Wyoming Department of Family Services. I/We authorize that Wyoming Department of Family Services to conduct a Wyoming Child Abuse/Neglect Central Registry check and a Wyoming Criminal History Record check I/We have read and understand the following section (601), of the Civil Rights Act of 1964.

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_  
Co-applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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I affirm that to the best of my knowledge, I have not appeared upon a child abuse/neglect registry in Wyoming or states of previous residence.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

I affirm that to the best of my knowledge, I have not appeared upon a child abuse/neglect registry in Wyoming or states of previous residence.

Co-applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm that I have not been convicted within the preceding five (5) years of any felony classified as an offense against the person or family, or of public indecency or of violation of the Wyoming Controlled Substances Act (W.S. §35-7-1001 et. seq.). Further, I affirm that within the last five (5) years, I have not been convicted of a felony involving physical assault, battery, or an alcohol/drug related offense.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm that I have not been convicted within the preceding five (5) years of any felony classified as an offense against the person or family, or of public indecency or of violation of the Wyoming Controlled Substances Act (W.S. §35-7-1001 et. seq.). Further, I affirm that within the last five (5) years, I have not been convicted of a felony involving physical assault, battery, or an alcohol/drug related offense.

Co-applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm that I have not been convicted of a felony involving child abuse or neglect; spousal abuse, a crime against a child or children (including pornography); or a crime involving violence including rape, sexual assault, or homicide, but not including other physical assault or battery.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm that I have not been convicted of a felony involving child abuse or neglect; spousal abuse, a crime against a child or children (including pornography); or a crime involving violence including rape, sexual assault, or homicide, but not including other physical assault or battery.

Co-applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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