



bloom

Foster Parent Application

*Licensed through Georgia Baptist Children's Homes & Family Ministries

Family Name			Date		
Street Address			City		
County			Zip Code	How long at this address?	
Home Phone	Cell Phone	Alternate Phone	Email Address	Alternate Email	
Neighbor's Name			Neighbor's Phone Number		
BASIC INFORMATION	Male		Female		
Full Name					
Social Security Number					
Date of Birth					
Place of Birth					
Nationality/Race					
Occupation					
Employer					
Working Hours					
Work Phone Number					
Monthly Salary (Gross)		# Years at Current Job		# Years at Current Job	
Previous Occupation					
Present Marriage	Date	Place	Date	Place	
Previous Marriage(s) (Attach additional pages if needed)	Date	Place	Date	Place	
	How Terminated		How Terminated		
Education – High School					
Education – Other					
Religious Affiliation					
CHILDREN AT HOME					
Name	Sex	Date of Birth	Social Security Number	Occupation or School and Grade	Biological or Adopted

OTHER PERSONS IN HOUSEHOLD					
Name	Sex	Date of Birth	Occupation or School and Grade	Relationship	
CHILDREN LIVING OUTSIDE THE HOME					
Name	Sex	Phone and Address	Date of Birth	Occupation	
HOUSING					
Renting or Buying	Monthly Payments	House or Apartment	Number of Bedrooms	Total Number of Rooms	Yard Space
Have you fostered or adopted in the past? Yes No If yes, when?					
For what agency?					
Have you applied to other agencies to foster or adopt? Yes No If yes, when?					
To what agency?					
DIRECTIONS FOR REACHING YOUR HOME FROM AGENCY					
CHILD PREFERRED (At this time)					
Sex	Age Range	Number			
WE UNDERSTAND THAT BY MAKING THIS APPLICATION, THERE IS NO DEFINITE COMMITMENT BY US OR BY THE BLOOM FOSTER CARE PROGRAM.					
Applicant's Signature					
Applicant's Signature					
When completed, please return to:					
Foster Care Coordinator 150 Marquis Dr. Fayetteville, Georgia 30214					

10-YEAR EMPLOYMENT HISTORY

Applicant's Name: _____

Please complete one for each foster parent applicant. Start with current or most recent job. Attach additional pages, as needed.

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
City	State	Zip Code	
Telephone Number(s)	Job Title		
Supervisor	Reason for Leaving		

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
City	State	Zip Code	
Telephone Number(s)	Job Title		
Supervisor	Reason for Leaving		

CONT.

Applicant's Name: _____

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
City	State	Zip Code	
Telephone Number(s)	Job Title		
Supervisor	Reason for Leaving		

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
City	State	Zip Code	
Telephone Number(s)	Job Title		
Supervisor	Reason for Leaving		

LIST of REFERENCES

Applicant's Name: _____

Bloom will mail reference forms to the individuals listed below. Please complete this list of references for each foster parent applicant (some names may be repeated - ex. pastor). #1 - a personal character reference of someone who has known you for a period of years. #2 - an extended family member not residing in the home. #3 - a pastoral reference. #4 and #5 - any other agency where you have fostered/adopted or any organization where you have volunteered or worked in the care of children/youth. Continue on back if necessary.

Reference's Name (Personal)	Mailing Address	City	ST	Zip	Phone Number

2. Reference's Name (Relative)	Mailing Address	City	ST	Zip	Phone Number

3. Reference's Name (Pastor and Name of Church)	Mailing Address	City	ST	Zip	Phone Number

4. Reference's Name/Organization	Mailing Address	City	ST	Zip	Phone Number

5. Reference's Name/Organization	Mailing Address	City	ST	Zip	Phone Number

I hereby authorize the above named references to answer any questions posed by the Bloom Foster Care program in order to further my application process. This information is privileged and confidential and will be reviewed only by persons involved in the application process.

Applicant's Signature _____ Date _____