



Agape Manor Home- Child Placing Agency

Respite/ Occasional Caregiver Application

IDENTIFYING INFORMATION (Please Type or Print Legibly)

Name: _____
Last First Middle

Address: _____

Home Telephone: Home (____) _____ Cell (____) _____

Social Security Number: _____ DOB: _____

Current Marital Status: Married Single Divorced Widowed

If married, on what date? _____ How many years have you been married? _____

If divorced or widowed, on what date? _____

Highest educational status attained: Grade School Junior High Some High School
 High School Graduate/GED Some College Associate Degree
 Four-Year College Graduate Post Graduate

List the Names Foster Families you will provide Respite care: _____

PREVIOUS EXPERIENCE (List Last Five places of employment

Place of Employment/ Organization	Title/ Position	Duration of Employment

Describe Your Child care Experience

PERSONAL REFERENCES – Please list the names and addresses of four persons or couples *not related* to you who have known you well enough for at least two years to inform us accurately regarding your moral character and life style. Local references are preferred, but if none are available please give the address and home phone number for out of town references. For local references, please try to provide the home and business phone numbers. Please try to vary the nature of your references, including those from spiritual, business, or employment relationships, as well as social relationships.

Name	Complete Address (House Number, Street Name, City, State, Zip)	Home & Work Phone

Name of nearest relative not living with you: _____

Address: _____

Phone _____ Relationship _____

MEDICAL HISTORY (Explain any health problem that may have an impact on your ability to care for a child)

I hereby declare the information I have provided on the foster parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on the application could be considered cause for disapproval as a foster parent.

I authorize Agape Manor Home CPA to obtain any information that would assist in the evaluation of my application to participate in the foster care program.

As part of Agape Manor Home CPA matching process, additional personal information may be elicited from the applicant by authorized (Agape Manor Home CPA) personnel upon request.

 Signature of Applicant

 Date