

How long have you lived in your current residence? _____
If less than five years, please provide previous addresses for the last 10 years.

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Employer (Applicant 1) Employer (Applicant 2)

List **everyone** (including primary caregiver, secondary caregiver, household members, and children) who reside in your home. Attach additional sheets if necessary.

Name:	First, Middle, Last	DOB	S.S. #	Sex	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever applied to any other agency to be a foster/adoptive parent? YES NO

If YES, please complete the following information:

County: _____ State: _____ Dates: _____

Name of Agency: _____

Address: _____

Have you ever been denied an initial or renewal foster care license? YES NO N/A

If YES, give reason for denial: _____

How did you hear about Blueprints? _____

Character References

Please list six persons, four of whom are not related to you. Do not use your current employer, as Blueprints obtains a separate employment reference, but you may use a co-worker. You may wish to contact your references in advance for permission to use their names, confirm current addresses, telephone numbers, and inform them they will be contacted by Blueprints.

Full Name	Complete Mailing Address	Telephone	Relationship

I hereby certify that the information contained in this foregoing application is true, correct, and complete.

Applicant 1 Signature

Date

Applicant 2 Signature

Date