

Children

Name	D.O.B.	Social Security Number	Parents of Child	School & Grade

EDUCATIONAL LEVEL

APPLICANT 1: _____

Circle: High School (8, 9, 10, 11, 12) College/Tech (13, 14, 15, 16) Graduate School (17+)

Name of school and highest grade completed: _____

Field of Study: _____

Degree or Certifications held: _____

APPLICANT 2: _____

Circle: High School (8, 9, 10, 11, 12) College/Tech (13, 14, 15, 16) Graduate School (17+)

Name of school and highest grade level completed: _____

Field of Study: _____

Degree or Certifications held: _____

EMPLOYMENT HISTORY- * Please list the last 10 year employment history.

APPLICANT 1: _____

CURRENT:

Name of Employer: _____

Address (Include City, State, Zip): _____

Dates of Employment: _____

Job Title/Brief Description: _____

Supervisor's Name: _____

PREVIOUS (Please complete only if you have worked at your current employer less than 1 year):

Name of Employer: _____

Address (Include City, State, Zip): _____

Dates of Employment: _____

Job Title/Brief Description: _____

Supervisor's Name: _____

APPLICANT 2: _____

CURRENT:

Name of Employer: _____

Address (Include City, State, Zip): _____

Dates of Employment: _____

Job Title/Brief Description: _____

Supervisor's Name: _____

PREVIOUS (Please completed only if you have worked at current employer less than one year):

Name of Employer: _____

Address (Include City, State, Zip): _____

Dates of Employment: _____

Job Title/Brief Description: _____

Supervisor's Name: _____

REFERENCES

As part of the application and certification process, Blueprints will need to gather references from multiple individuals of personal, work, and/or family relation. Listed below are the types, and numbers of, references we need from you. These individuals will be used as character/professional references for you. Because we will obtain employment references, please note that if you have a co-worker you wish to use as a personal reference, you may do so but this will be considered a personal reference and will not count towards your employment reference. You may wish to contact your references and seek permission to provide their names, and to confirm addresses and telephone numbers.

Please be complete and thorough in providing all the required information such as full and accurate addresses and telephone numbers. Your application will be returned if addresses are not listed.

PERSONAL REFERENCES- (6 total needed; 4 must be unrelated to you)

(1.) Name: _____
Address: _____
Telephone Number: _____
Email: _____

(2.) Name: _____
Address: _____
Telephone Number: _____
Email: _____

(3.) Name: _____
Address: _____
Telephone Number: _____
Email: _____

(4.) Name: _____
Address: _____
Telephone Number: _____
Email: _____

(5.) Name: _____
Address: _____
Telephone Number: _____
Email: _____

(6.) Name: _____
Address: _____
Telephone Number: _____
Email: _____

**ADULT CHILD REFERENCES- (If you have children age 18 or older- please complete)
{These children may reside in, or out, of your home}**

Parent of the Child: _____
Child's Name: _____
Address: _____
Telephone Number: _____

Parent of the Child: _____
Child's Name: _____
Address: _____
Telephone Number: _____

Parent of the Child: _____
Child's Name: _____
Address: _____
Telephone Number: _____

Parent of the child: _____
Child's Name: _____
Address: _____
Telephone Number: _____

EMPLOYMENT REFERENCES

APPLICANT 1: _____
Current Employer: _____
Address: _____
Telephone Number: _____

Last Employer: _____
Address: _____
Telephone Number: _____

APPLICANT 2: _____
Current Employer: _____
Address: _____
Telephone Number: _____

Last Employer: _____
Address: _____
Telephone Number: _____

CRIMINAL HISTORY – please read information thoroughly before answering

Please know that as part of your certification process, Blueprints will complete a State and Federal background check, child abuse background check, and a driving history check on each applicant applying. It is very important that you disclose to us any involvement you have had with the

criminal justice system- whether in relation to major crimes (felonies), minor crimes (misdemeanors), or summary of offenses (Such as moving violations, first offense shoplifting, etc.). We need to be able to trust your willingness to disclose information to us, even if it appears unfavorable. **Please note that failure to disclose any adult charges or convictions may result in a cessation of your application and certification process. Also be aware that reporting your history does not necessarily exclude you from becoming a foster parent, but it must be reported for consideration by Blueprints.** If there are explanations or justifications you wish to offer, please do so. This might include having made a reparation, youthfulness at the time of the offense, community services completed, or rehab/education pertinent to the offense, etc.

APPLICANT 1: _____

Have you ever been arrested? (please circle one) YES NO

Have you ever been charged with a crime? YES NO

If you answered yes to either question, please list details below. Be sure to disclose any criminal history no matter how minor or long ago that it occurred.

Date: _____ Arrest/Charge: _____

Is this issue (circle one): PENDING or RESOLVED

***If any have been resolved- please provide Blueprints with a copy of the legal disposition from the Court.**

DRIVING VIOLATIONS:

Date: _____ CITATION/VIOLATION: _____

Date: _____ CITATION /VIOLATION: _____

Additional Comments: _____

APPLICANT 2: _____

Have you ever been arrested? (please circle one) YES NO

Have you ever been charged with a crime? YES NO

If you answered yes to either question, please list details below. Be sure to disclose any criminal history no matter how minor or long ago that it occurred.

Date: _____ Arrest/Charge: _____

Is this issue (circle one): PENDING or RESOLVED

***If any have been resolved- please provide Blueprints with a copy of the legal disposition from the Court.**

DRIVING VIOLATIONS:

Date: _____ CITATION/VIOLATION: _____

Date: _____ CITATION /VIOLATION: _____

Additional Comments: _____

FINANCIAL INFORMATION

Are you currently receiving any type of public assistance (food stamps, WIC)? ___ No ___ Yes

If yes, state the type and amount received per month: _____ \$ _____

APPLICANT 1: _____

Current Employer: _____ Job Title: _____

Hourly Rate \$ _____ Monthly Income \$ _____ Annual Salary \$ _____

Other Income Sources: _____ Amount of Other Income \$ _____

Do you have Savings/Pensions/Retirement Accounts? (Yes or No) _____

APPLICANT 2: _____

Current Employer: _____ Job Title: _____

Hourly Rate \$ _____ Monthly Income \$ _____ Annual Salary \$ _____

Other Income Sources: _____ Amount of Other Income \$ _____

Do you have Savings/Pensions/Retirement Accounts? (Yes or No) _____

- Any other household income from other adults living in the home that helps with bills and specify amount: _____

Combined monthly income: \$ _____

Normal Monthly Expenses for the home (total bills, food...etc.) are: \$ _____/Monthly

*We may request that you contact your credit bureau to obtain a credit check, and provide us with a copy if deemed necessary by Blueprints.

MONTHLY EXPENSES

RENT/MORTGAGE	\$
AUTO PAYMENT 1	\$
AUTO PAYMENT 2	\$
GASOLINE	\$
INSURANCE (Life, property, health, disability, other)	\$
TOTAL CAR INSURANCE	\$
GAS BILL	\$
ELECTRIC BILL	\$
WATER BILL/GARBAGE/SEWAGE BILL	\$
HOME PHONE BILL	\$
CELL PHONE BILL	\$
CABLE BILL/ INTERNET BILL	\$
DAY CARE EXPENSES	\$
ALIMONY/CHILD SUPPORT	\$
GROCERIES	\$
SCHOOL LUNCHES	\$
DINING OUT	\$
ENTERTAINMENT	\$
CLOTHING	\$
CHURCH TITHE	\$
MEDICAL NEEDS	\$
LOAN OR CREDIT CARD 1	\$
LOAN OR CREDIT CARD 2	\$
OTHER EXPENSES	\$
TOTAL MONTHLY EXPENSES	\$

SIGNATURES

In signing below, I (we) verify that the information completed, and contained, in this application is TRUE AND CORRECT.

APPLICANT 1 SIGNATURE

DATE

APPLICANT 2 SIGNATURE

DATE

AGENCY USE ONLY

DATE SENT: _____

DATE RECEIVED: _____

COMMENTS: (Please make note of any concerns/comments pertaining to household income, age, other household members, or criminal history which could disqualify.)

Reviewed By:

Date