



(877) 814-0788 MYBLUEPRINTS.ORG FOSTER@MYBLUEPRINTS.ORG

150 WEST BEAU STREET, SUITE 106 WASHINGTON, PA 15301

Date:	/	' /	/

Thank you for your interest in pursuing foster care and adoption with Blueprints. The information shared below is used to register you as an applicant and in no way guarantees certification. Your information is confidential and your privacy is protected.

, , , , ,	·					
Full Legal Name (Ap	plicant 1)		 Ful	l Legal Name (Ap	oplicant 2)	
Date of Birth (Applic	cant 1)		Dai	te of Birth (Appli	cant 2)	
Social Security # (Ap	cial Security # (Applicant 1)		So	Social Security # (Applicant 2)		
Current Marital Stat	:us: □Single	□Married	□Separated	□ Divorced	□Other:	
Email (Applicant 1)			Em	ail (Applicant 2)		
Applicant 1 Phone:	Home		Cell		Work	
Applicant 2 Phone:						
What is your prefer	Home red method o	of contact?	Cell		Work	
Address:						
Street			City		State	Zip
School District:						

Address:					<b>7.</b> -
Street	City			State	Zip
Address:			<del> </del>		
Street	City			State	Zip
Address:					
Street	City			State	Zip
mployer (Applicant 1)	Employer (Applicant 2)				
ist <u>everyone</u> (including primary caregiveside in your home. Attach additional s	· -	, househol	d members, a	ınd childrei	n) who
eside iii your nome. Attach additionars	meets if necessary.				
Jame: First, Middle, Last	DOB S	S.S. #	Sex	Relations	hip
lave you ever applied to any other age	ncy to be a foster/adop	ive parent	? □YES □N	10	
, , , , , , , , , , , , , , , , , , , ,	,	·			
If YES, please complete the follo	wing information:				
	State:		Dates:		
County			Dates		
County:	5tate				
County:					
Name of Agency:					
Name of Agency:					
Name of Agency:					
Name of Agency:  Address:  Iave you ever been denied an initial or	renewal foster care lice	nse? □YES	□NO □N,	/A	
Name of Agency:	renewal foster care lice	nse? □YES	□NO □N,	/A	

## 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 inf	ormation contained in this foregoing applicat	ion is true, correct, a	and complete.
		,	
Applicant 1 Cianatura		Dot-	
Applicant 1 Signature Date			
Applicant 2 Signature		Date	