



# Prospective Caregiver Application

Thank you  
for your interest  
in being a resource for  
children and families.

Primary Caregiver: \_\_\_\_\_

Secondary Caregiver (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

For which program are you applying?

Partnership Parenting  Resource Parenting  Adoption

What prompted you to inquire about the program?

\_\_\_\_\_  
\_\_\_\_\_

Have you fostered  
or adopted in the past?

No  Yes (Where and When?)

Are you currently approved  
with an agency?

No  Yes (Which agency?)

Primary and Secondary Caregiver  
Identifying Information

Primary Caregiver's Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Source of Income: \_\_\_\_\_

Secondary Caregiver's Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Source of Income: \_\_\_\_\_

Do you operate a home based business?  Yes  No Do clients regularly visit?  Yes  No  N/A

Do you have, or plan to acquire, a child care license or provide daycare?  Yes  No