

ALL SECTIONS OF THIS APPLICATION MUST BE ENTIRELY COMPLETED



Please send the completed application to:
 CHILDREN & FAMILIES FIRST
 809 N. Washington Street
 Wilmington, DE 19801

Ph: 302-658-5177
 Fax: (855) 295-5335

Date: _____

- Adoption (\$175 non-refundable application fee)
- Foster Family Care (no application fee required)

APPLICANT(S): _____

Complete address: _____

(Include development and zip code)

Home Telephone: _____ E-Mail Address: _____

Cell Phone: _____

Relationship status: Married Single Separated Divorced Widow(er)

Date of present marriage: _____ Place: _____
 City County State

Four Personal References:

* Must include ONE employer reference by a supervisor and ONLY one family member reference may be used.

Name	Address/City/State/ Zip	Telephone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

ALL CHILDREN of both or either partner (use back of page if needed):

Name	Birth date	Male/Female	Birth or Adoption	Where Living	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER MEMBERS of your household: (Use back of the page if needed)

Name	Birth date	Male/Female	Relationship	Occupation or School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe some of the strengths and abilities your family may possess which could help a child who has experienced trauma in joining your family.

Please check the ages, races, and genders of the child(ren) you feel prepared to have join your family. (Please check all that apply)

- 0-6 7-12 13-17 Male Female
 Caucasian African-American Biracial Hispanic Asian

CFE does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, national origin, age, disability, genetic information or any other characteristic protected by law.

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APPLICANT #1

Mr. Mrs. Ms. (Please Check one)

Full name (include maiden name):

Birth Date: Birthplace (city and state):

Race/Ethnicity/Nationality: Gender Identity:

Education:

Occupation: Social Security Number: *(required)*

Employer: Address:

Work telephone: How long employed: Yearly income from employer: *(required)*

Can you provide financially for a child for six to eight weeks, before receiving the first board check?

If you have any additional income, give amount and source:

Social Security Disability

Child Support Food Stamps TANF

Other jobs held within the past five years and dates employed (use back of page 2 if needed):

Previous marriage(s): No Yes How many (use back of page 2 if needed)

Full name of previous spouse (s): Date and place of marriage:

How was marriage terminated? (please specify)

Divorce Death Date:

Place:

City County State

What has led you to want to partner with Children & Families First at this time?

Have you or any member of your household had serious medical, drug or alcohol-related problems,

major operations, or psychiatric treatment? Yes No

If yes, please explain:

Have you or any member of your household ever been arrested or known to any court? Yes No

If yes, please explain:

Have you or any member of your household ever received services from a child protective agency or counseling agency? Yes No

If yes, please explain:

Have you or any member of your household ever provided foster care services or adopted a child? Yes No

If yes, please explain:

The information given on this application is accurate and complete to the best of my knowledge. I give permission for Children & Families First to seek information from references and children's schools pertaining to this application process.

Applicant's Signature: Date:

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APPLICANT #2

Mr. Mrs. Ms. (Please Check one)

Full name (include maiden name) :

Birth Date: Birthplace (city and state):

Race/Ethnicity/Nationality: Gender Identity:

Education:

Occupation: Social Security Number: *(required)*

Employer: Address:

Work telephone: How long employed: Yearly income from employer:*(required)*

Can you provide financially for a child for six to eight weeks, before receiving the first board check?

If you have any additional income, give amount and source:

Social Security Disability

Child Support Food Stamps TANF

Other jobs held within the past five years and dates employed (use back of page 2 if needed):

Previous marriage(s): No Yes How many (use back of page 2 if needed)

Full name of previous spouse (s): Date and place of marriage:

How was marriage terminated? (please specify)

Divorce Death Date:

Place:

City County State

What has led you to want to partner with Children & Families First at this time?

Have you or any member of your household had serious medical, drug or alcohol-related problems,

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If yes, please explain:

Have you or any member of your household ever received services from a child protective agency or counseling agency? Yes No

If yes, please explain:

Have you or any member of your household ever provided foster care services or adopted a child? Yes No

If yes, please explain:

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Applicant's Signature: Date :