



CHOICES

PO Box 316
Corinth, ME 04427-0316

tel (207) 285-0133
fax (207) 285-0190

Foster Home Application & Licensing Referral

Name: _____ Phone (Work): _____ (Home): _____

Name: _____ Phone (Work): _____ (Home): _____

Mailing Address: _____ Residence Address: _____

Marital Status: _____ When/Where is it best to reach you? _____

Soc. Sec. Number: _____ Primary Caretaker: _____ Partner: _____

Date of Birth: _____ Primary Caretaker: _____ Partner: _____

Directions to Home (*be specific*):

If already licensed as a Foster Home, how many children is your home licensed for? _____

Number of children you are interested in serving: _____

Number of bedrooms in your home: _____

Would the foster child/children need to be able to share a room? _____

I would like: a long-term placement to provide respite

Employment Status:

| Applicant | Place of Employment | How Long |
|--------------------|---------------------|----------|
| Primary Care Taker | | |
| Partner | | |

List ALL Household Members:

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

Family members who no longer live in the house:

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

I certify that all information provided on this form is correct to the best of my knowledge.

Signature: _____

Date: _____

Signature: _____

Date: _____

CHOICES shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, or disability. *CHOICES* provides reasonable accommodations to qualified individuals with disabilities upon request.



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Foster Parent/Child Profile Form

Foster Parents: _____

Date: _____

Please complete the following information specifying your preferences regarding children to be placed in your home:

Number of children: _____

Gender(s): _____

Age(s): _____

Reunification: _____

Long-term care: _____

Unacceptable Needs & Challenges (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> aggression toward peers | <input type="checkbox"/> suicidal ideation |
| <input type="checkbox"/> sexual aggression | <input type="checkbox"/> suicidal attempts |
| <input type="checkbox"/> aggression toward adults | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> aggression toward animals | <input type="checkbox"/> frequent mood swings |
| <input type="checkbox"/> difficulty accepting authority | <input type="checkbox"/> self-abusive |
| <input type="checkbox"/> shows no remorse | <input type="checkbox"/> disruptive sleep patterns |
| <input type="checkbox"/> victim of ritual abuse | <input type="checkbox"/> not able to maintain age-appropriate friendships |
| <input type="checkbox"/> stealing | <input type="checkbox"/> social skills deficit |
| <input type="checkbox"/> damages property | <input type="checkbox"/> lying |
| <input type="checkbox"/> hyperactive | <input type="checkbox"/> fire setting |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> educational needs (beyond average) |
| <input type="checkbox"/> anxious | <input type="checkbox"/> enuresis |
| <input type="checkbox"/> not able to live in a home with other children | <input type="checkbox"/> encopresis |
| <input type="checkbox"/> not able to share a room with other children | <input type="checkbox"/> physical/medical needs (beyond average) |
| <input type="checkbox"/> other (please explain): _____ | |

What makes your home/family particularly suited to or unsuited for a certain type of child? (e.g. "Why is a pre-school child preferred?" or "Why would a girl be a bad idea?" or "Why are bedwetters out of the question?")

Why are you looking to care for a foster child with special needs?



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Release of Foster Home Information

Name: _____

SSN: _____

Name: _____

SSN: _____

Mailing Address: _____

Residence: _____

I/we, _____, do hereby give my/our permission for *CHOICES* to release information relating to my/our application for licensure or subsequent status of licensure as a foster parent(s)/home in the state of Maine to the *Department of Human Services* and for the *Department of Human Services* to release the above information to *CHOICES*.

I/we understand that I/we may retract the above release at any time in writing.

Signature

Date

Signature

Date