



## D&S Residential Services, LP Foster Care Provider/Caregiver Application

*Complete and return to your local D&S Residential Services' office.*

**\*\*\*Co-applicants are required to complete a separate Application form\*\*\***

***We will be happy to assist you with your application.***

Applicant Last Name	First Name	Middle Name	Social Security Number
Present Street Address (Apt. #)			
City		State	Zip Code
Area Code	Home Phone #	Area Code	Cell/Alt. Phone #
		Area Code	Work Phone #
Marital Status:		Email Address:	

Birth Date	Race/Sex	Religion/Affirmation
Are you a U.S. Citizen?    Yes    No	If not a U.S. Citizen, are you a legal resident of the state for at least six (6) months?                      Yes    No	
Have you previously applied to be a foster parent with another agency?                      Yes    No		
If yes, when and with what agency? _____		

CHILDREN IN THE HOME				
Name	Birth Date	Sex	School/Grade or Occupation	Relationship

CHILDREN OUT OF THE HOME				
Name	Birth Date	Sex	School/Grade or Occupation	Relationship



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### *EDUCATION*

School	Address	Highest Grade Completed	Degree/Diploma/GED

### *OTHER QUALIFICATIONS (CPR, First Aid, Restraint Training, Parenting, etc.)*

License or Certification	Description	License/Cert. Number	Expiration Date

### *EMPLOYMENT HISTORY*

Starting with the present or most recent, list all previous employers. Include self-employment and summer and part-time jobs, as applicable. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

1. Last or Present Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Base Salary: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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2. Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Base Salary: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Base Salary: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Base Salary: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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How long have you lived at your present address? \_\_\_\_\_

List below other addresses where you have lived in the last five (5) years.

### ***PREVIOUS ADDRESSES***

Address	State	Zip Code	Time Period

### ***REFERENCES***

Please list personal references: At least three (3) personal, unrelated, references, with one of the references having known you for at least five (5) years.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Length of time knowing Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Length of time knowing Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Length of time knowing Applicant: \_\_\_\_\_



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**Attestations:**

I understand that as a Foster Care Provider/Caregiver I cannot contract, be employed by, or train with, another company/agency (as a Foster Care Provider/Caregiver) as long as I am contracted with D&S Residential Services. Foster Care Providers/Caregivers, consumer and case documentation are private and confidential. Training records are the property of the company and are non-transferable.

I understand that I will be reading and/or hearing confidential information about individual(s) and the company. I further understand that in my role, I am obligated to keep all information that I learn private and confidential. Private and confidential information belongs to D&S Residential Services. Knowledge of the information is solely for providing care to D&S consumers served by the Foster Care Provider/Caregiver. Any unethical or illegal disclosure, copying, distribution, or taking of any action in reliance on the contents of this information is prohibited under penalty subject to the limits of the law.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if contracted, falsified statements on this application shall be grounds for immediate contract termination.

In addition, I, \_\_\_\_\_<sup>(Applicant Name)</sup> certify and affirm that to the best of my knowledge and belief I  have  have not had or received a finding of a substantiated case of abuse, neglect, mistreatment and/or exploitation against me.

As a condition of submitting this application and in order to verify this affirmation, I further release and authorize D&S Residential Services, LP, and its affiliates and the federal, state and local government and their agents to have full and complete access to any and all current or prior personnel, administrative, or investigative records from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect, or mistreatment, to consider this information as may be deemed appropriate and to release the company from all liability for any damage that may result from utilization of such information.

*Printed Names*

*Signature*

*Date*

\_\_\_\_\_  
*Applicant*

\_\_\_\_\_

\_\_\_\_\_