



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

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

D&S Residential Services provides community-based programs and services to enable individuals with developmental disabilities and mental retardation to participate more fully in life and achieve their potential. ***We will be happy to assist you with your application.***

Applicant	DATE:	Email Address
<div style="display: flex; justify-content: space-between;"> Last Name First Name Middle Name </div>		
Spouse/Co-Applicant (if applicable)		Email Address
<div style="display: flex; justify-content: space-between;"> Last Name First Name Middle Name </div>		
Present Street Address (Apt. #)	Area Code	Phone Number
City	State	Zip Code

	Applicant	Co-Applicant
Birth Date		
Race/Sex		
Religion/Affirmation		
Are you a U.S. Citizen?		
If not a U.S. Citizen, are you a legal resident of the state for at least six (6) months?		
Last Grade Completed		
Marital Status <i>(include date)</i>		
Previous Marriage <i>(date/city/state)</i>		
Date Terminated <i>(specify death, annulment, or divorce)</i>		
Military Service <i>(dates)</i>		
Occupation		
Employer		
Work Phone Number		
Cell Phone Number		



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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

Have you previously applied to be a foster parent with another agency? Yes No
 If yes, when and with what agency? _____

References

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

Applicant

Name: _____

Address: _____
(Street) (City, State) (Zip)

Telephone: _____ Cell Phone: _____

Occupation: _____ Relationship to Applicant: _____

Applicant

Name: _____

Address: _____
(Street) (City, State) (Zip)

Telephone: _____ Cell Phone: _____



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Occupation: _____ Relationship to Applicant: _____

Applicant

Name: _____

Address: _____
(Street) (City, State) (Zip)

Telephone: _____ Cell Phone: _____

Occupation: _____ Relationship to Applicant: _____

Co-Applicant

Name: _____

Address: _____
(Street) (City, State) (Zip)

Telephone: _____ Cell Phone: _____

Occupation: _____ Relationship to Applicant: _____

Co-Applicant

Name: _____

Address: _____
(Street) (City, State) (Zip)

Telephone: _____ Cell Phone: _____

Occupation: _____ Relationship to Applicant: _____

Co-Applicant

Name: _____

Address: _____
(Street) (City, State) (Zip)

Telephone: _____ Cell Phone: _____

Occupation: _____ Relationship to Applicant: _____

Applicant's Education

School	Address	Highest Grade	Degree/Diploma/GED



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Applicant's Other Qualifications (CPR, First Aid, parenting, etc.)

License or Certification	Description	Number

Co-Applicant's Education

School	Address	Highest Grade	Degree/Diploma/GED

Co-Applicant's Other Qualifications (CPR, First Aid, parenting, etc.)

License or Certification	Description	Number



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RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION

[To be completed by every household member age 16 & up (18 in GA)]

PLEASE MAKE COPIES OF THIS PAGE – SUBMIT A SEPARATE FORM FOR EACH PERSON

I hereby acknowledge that as a condition of my foster care provider/caregiver application with D&S Residential Services or as a member of a potential foster care home, the agency may conduct any or all of the following investigative measures in regards to my application:

1. Obtain and review any and/or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application.
2. Require me to supply fingerprint samples and/or submit to a criminal history records check to be conducted by the State Bureau of Investigation & FBI.
3. Require me to submit to character, employment, education, and reference checks.
4. My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Applicant

Last Name		First Name		Middle Name	
Street Address			City/State		Zip Code
Birth/Maiden Name	Social Security Number	Driver's License Number & Issuing State		Date of Birth	
Male	Female	Home Telephone Number		Place of Birth	
Signature			Date		Work Telephone Number



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8. My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Co-Applicant

Last Name		First Name		Middle Name	
Street Address			City/State		Zip Code
Birth/Maiden Name	Social Security Number	Driver's License Number & Issuing State		Date of Birth	
Male	Female	Home Telephone Number		Place of Birth	
Signature			Date		Work Telephone Number



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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

1. _____

From: ____ / ____ / ____ to ____ / ____ / ____

2. _____

From: ____ / ____ / ____ to ____ / ____ / ____

3. _____

From: ____ / ____ / ____ to ____ / ____ / ____

EMPLOYMENT RECORD

Starting with the present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. 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: _____

Position: _____

Street Address: _____

City _____ State: _____ ZIP: _____

Phone Number: _____ Base salary: _____

Brief Description of Job Duties: _____



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Supervisor's Name: _____

Phone number: _____ Dates worked: From _____ To _____

Reason for leaving: _____

2. Company Name: _____

Type of Business: _____

Position: _____

Street Address: _____

City _____ State: _____ ZIP: _____

Phone Number: _____ Base salary: _____

3. Company Name: _____

Type of Business: _____

Position: _____

Street Address: _____

City _____ State: _____ ZIP: _____

Phone Number: _____ Base salary: _____

Brief Description of Job Duties: _____

Supervisor's Name: _____

Phone number: _____ Dates worked: From _____ To _____

Reason for leaving: _____

4. Company Name: _____



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Type of Business: _____

Position: _____

Street Address: _____

City _____ State: _____ ZIP: _____

Phone Number: _____ Base salary: _____

Brief Description of Job Duties: _____

Supervisor's Name: _____

Phone number: _____ Dates worked: From _____ To _____

Reason for leaving: _____

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

I/We understand that we will be reading and/or hearing confidential information about individual(s) and the agency. 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 and its affiliates. Knowledge of the information is solely for providing care. 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 hereby attest to the completeness and accuracy of the application, authorize verification and investigations, and fully indemnify against any liability the agency and responding sources to ensure the safest and most appropriate placements for the population served. In addition,

I, _____, certify and affirm that to the best of my
(Applicant Name)

knowledge and belief I have have not had or received a finding of a substantiated case of abuse, neglect, or mistreatment 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 and to consider this information as may be deemed appropriate.



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Printed Names of Applicants

Signature

Date
