

Name of Applicant:	Date:
Address:	Phone Number:

Wife's Full Name:		Maiden Name:	
Date of Birth:	Place of Birth:	Race:	Religion:
Social Security #:	Drivers License #/State:	Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Employer:		Date of Employment:	
Phone Number:	Job Title:	Works Hours:	Gross Income:
Last Completed Grade (circle one) 8 9 10 11 12		College Degree:	# of College Hours:
Other Education:		Other Specialized Training:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Date/Place of Marriage:	
Name(s) of Previous Spouse(s):		Date(s) of Termination of Marriage(s):	

Husband's Full Name:			
Date of Birth:	Place of Birth:	Race:	Religion:
Social Security #:	Drivers License #/State:	Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Employer:		Date of Employment:	
Phone Number:	Job Title:	Works Hours:	Gross Income:
Last Completed Grade (circle one) 8 9 10 11 12		College Degree:	# of College Hours:
Other Education:		Other Specialized Training:	
Name(s) of Previous Spouse(s):		Date(s) of Termination of Marriage(s):	

Type of Home: <input type="checkbox"/> House <input type="checkbox"/> Modular Home <input type="checkbox"/> Townhouse			
Number of Rooms:	Number of Bedrooms:	Source of Water Supply:	<input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> Other _____
Will Clients Share a Bedroom: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dimensions of Client(s) Bedroom(s):	
Directions to Home:			
Which schools are you zoned for?			
Is home equipped with a firearm, crossbow, sword, or other deadly weapon? If so, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Others in Household:

<u>Name</u>	<u>DOB</u>	<u>Sex</u>	<u>School/Occupation</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please identify others in household who have special physical and/or educational needs:

Children out of the home:

<u>Name</u>	<u>DOB</u>	<u>Sex</u>	<u>School/Occupation</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any other relatives within a 25 mile radius:  Yes  No Specify: \_\_\_\_\_

Why do you want to become a Therapeutic Parent?

How did you hear about the Therapeutic Home Program?  Classified Ad  Display Ad  Radio Ad  
 Another Therapeutic Parent  Other (explain)

Experience in working with children with special needs:

Have you applied to be an adoptive or Therapeutic Parent before?  Yes  No  
When \_\_\_\_\_ Where \_\_\_\_\_

Children preferred:  Male  Female Age Range: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
 Full-Time  Respite

Would you be a Therapeutic Parent to a child with special emotional needs?  Yes  No

