



KLINGBERG
FAMILY CENTERS

**370 Linwood Street
New Britain, CT 06052
(860) 832-5536**

Date application received: _____

Klingberg Worker: _____

THERAPEUTIC FOSTER CARE APPLICATION

Parent 1				Parent 2			
Name				Name			
Address						# of years at this address	
City/Town			State	Zip		Home Phone	
Work Phone		Cell Phone		Work Phone		Cell Phone	
E mail				E Mail			
Social Security Number		Date of Birth		Social Security Number		Date of Birth	
Current Place of Employment			# of years	Current Place of Employment			# of years
Salary	Position			Salary	Position		
High School		Degree		High School		Degree	
College		Degree		College		Degree	
Religion	Race/Ethnicity	Languages spoken		Religion	Race/Ethnicity	Languages spoken	
Drivers License No.				Drivers License No.			
Adults and/or Children others living in home in addition to parents							
NAME			RELATION			DATE OF BIRTH	
Children not living in home							
NAME			RELATION			DATE OF BIRTH	PLACE OF RESIDENCE

RELATIVES							
Parent 1				Parent 2			
Mother	Date of Birth	Date of Death	Town of Residence	Mother	Date of Birth	Date of Death	Town of Residence
Father	Date of Birth	Date of Death	Town of Residence	Father	Date of Birth	Date of Death	Town of Residence
Sibling	Date of Birth	Date of Death	Town of Residence	Sibling	Date of Birth	Date of Death	Town of Residence
Sibling	Date of Birth	Date of Death	Town of Residence	Sibling	Date of Birth	Date of Death	Town of Residence
Sibling	Date of Birth	Date of Death	Town of Residence	Sibling	Date of Birth	Date of Death	Town of Residence
Sibling	Date of Birth	Date of Death	Town of Residence	Sibling	Date of Birth	Date of Death	Town of Residence
Sibling	Date of Birth	Date of Death	Town of Residence	Sibling	Date of Birth	Date of Death	Town of Residence

If this is not enough room, please include additional information on the back of this page.

REFERENCES (please do not list more than one relative)			
NAME	ADDRESS (required)	PHONE	RELATION

What is the relationship between the adults living in the home: _____

Date of current marriage: _____

Previous Relationships: (please list the names of former spouses, the date of marriages, the date of divorces, as well other relationships including children's parents, etc.) _____



Description of home: Apartment Duplex house Single family home Other

Date home was built: _____

of rooms: _____ # of bedrooms: _____ Approximate square footage: _____

<u>Work History</u>					
Parent 1			Parent 2		
From	To	Name of Employer	From	To	Name of Employer
_____	_____	_____	_____	_____	_____
Job Title		Current Annual Salary	Job Title		Current Annual Salary
_____		_____	_____		_____
Address of current work place (so we may verify information)			Address of current work place (so we may verify information)		
_____			_____		
From	To	Name of Employer	From	To	Name of Employer
_____	_____	_____	_____	_____	_____
Job Title		Reason for Leaving	Job Title		Reason for Leaving
_____		_____	_____		_____
From	To	Name of Employer	From	To	Name of Employer
_____	_____	_____	_____	_____	_____
Job Title		Reason for Leaving	Job Title		Reason for Leaving
_____		_____	_____		_____



From _____	To _____	Name of Employer _____	From _____	To _____	Name of Employer _____
Job Title _____		Reason for Leaving _____	Job Title _____		Reason for Leaving _____

Do you rent or own? _____ Landlord contact information (if applicable) _____

General Licensing Questions

1. Do you use a wood stove as a source of heat? Yes No
2. Do you have well water? Yes No
3. Do you have a pool in your yard? Yes No
4. Does your home contain firearms or weapons? Yes No
5. Do you have family pets? Yes No

If yes, please list names and kind:

- | | Parent 1 | Parent 2 | | |
|--|--|--|--|--|
| 6. Have you ever been arrested for a crime? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 7. Have you ever been convicted of a crime? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 8. Have you ever been a foster or adoptive parent before? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 9. Have you ever been denied or withdrawn from a home study process? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

If you answered yes to any question 6 through 9, please attach a detailed explanation.

Briefly comment on your motivation and reason for wanting to become a foster/adoptive parent:



If you are approved to become a therapeutic foster family family, what is your preference in gender and age?

Not sure/No preference

Age Ranges: 8 and under 8-12 12+

Gender: Male Female Either

Please sign to verify that the information you provided is accurate. Both adults in home must sign.

Parent 1 _____
Print Name Signature Date

Parent 2 _____
Print Name Signature Date

