

**FOSTER FAMILY HOME INFORMATION**

I. NAME: Applicant A \_\_\_\_\_  
(Last) (First) (Middle)

Applicant B \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street or Rural Route)

\_\_\_\_\_  
(City) (Zip Code) (County) (Telephone)

How long have you been a resident of Illinois? Applicant A: \_\_\_\_\_ Applicant B: \_\_\_\_\_  
(Months) (Years) (Months) (Years)

II. HOME—Check any boxes that apply

DO YOU  OWN  RENT LANDLORD APPROVAL TO CARE FOR UNRELATED CHILDREN  YES  NO  
 APARTMENT  MOBILE HOME  HOUSE  OTHER \_\_\_\_\_

WATER SUPPLY  CITY  OTHER (Specify) \_\_\_\_\_

DIRECTIONS FOR REACHING YOUR HOME: \_\_\_\_\_

III. MARITAL STATUS—Check One Box

- MARRIED \_\_\_\_\_  
(Date)
- CIVIL UNION \_\_\_\_\_  
(Date)
- SINGLE  WIDOWED
- DIVORCED  LEGALLY SEPARATED

PROVIDER ID# _____
Licensing Rep. _____
R/S/F _____

IV. MEMBERS OF HOUSEHOLD

(include Children, Relatives, Others)

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY OR ITIN NUMBER	RELIGION
Applicant A:				
Applicant B:				
Other Adult/Child:				
Other Adult/Child:				
Other Adult/Child:				
Other Adult/Child:				
Other Adult/Child:				

Language(s) Spoken \_\_\_\_\_

V. CURRENT EMPLOYMENT

Name of Firm	Address	Title or Position	Working Hours	Years Employed
Applicant A			_____ to _____	
Applicant B			_____ to _____	

Approximate Annual Income of Total Household, Regardless of Sources: \_\_\_\_\_

\_\_\_\_\_

IF APPLICANT(S) WORK OUTSIDE OF HOME, DESCRIBE CHILD CARE PLANS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. DESCRIBE YOUR EXPERIENCE WITH CHILDREN OTHER THAN YOUR OWN. THESE MAY INCLUDE CARE OF RELATIVE'S CHILDREN, TEACHING SUNDAY SCHOOL, WORK WITH SCOUTS OR OTHER GROUPS, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO PROVIDE CHILD CARE? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE THE AGE RANGE, SEX, AND NUMBER OF CHILDREN YOU WOULD LIKE TO HAVE IN YOUR HOME:

\_\_\_\_\_  
\_\_\_\_\_

VII. REFERENCES: **You must list at least three (3) persons unrelated to you who know how you care for children**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

IF EITHER APPLICANT HAS BEEN AN ILLINOIS RESIDENT FOR LESS THAN FIVE YEARS, INCLUDE TWO REFERENCES FROM THE PREVIOUS RESIDENCE STATE:

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I/WE UNDERSTAND THAT MAKING MATERIALLY FALSE STATEMENTS IN ORDER TO OBTAIN A LICENSE OR PERMIT CONSTITUTES A CLASS A MISDEMEANOR AND THAT I/WE MAY BE PROSECUTED FOR SUCH MISCONDUCT.

\_\_\_\_\_  
Signature (Applicant A)

\_\_\_\_\_  
Signature (Applicant B)

\_\_\_\_\_  
Date