

FCU Form A1

APPLICATION FORM - FOSTER CARE

SECTION 1 - GENERAL INFORMATION

Date _____

Referral Type:

Self-referral Other Professional Referral

Referral from Children's Authority's Staff Member Other

If 'Other' please specify: _____

Applicant's Information:

1. _____
Surname First Name Middle Name

2. _____
Surname First Name Middle Name

Main Applicant

Co-applicant

3a. **DOB:** _____
 (dd/mm/yyyy)

3b. **DOB:** _____
 (dd/mm/yyyy)

4a. **Age:** _____

4b. **Age:** _____

5a. **Telephone Contact:** _____ (c)
 _____ (h)

5b. **Telephone Contact:** _____ (c)
 _____ (h)

6a. **Email:** _____

6b. **Email:** _____

7. Address:

8a. **Gender:** Male Female

8b. **Gender:** Male Female

9a. **Occupation:** _____

9b. **Occupation:** _____

QUESTIONS 10-13 APPLY TO THE MAIN APPLICANT ONLY

10. Marital Status:

Single Married Divorced Separated

Cohabiting Widow/Widower Common-law

11. Ethnicity:

African Caucasian Chinese East Indian

Indigenous Mixed Portuguese Syrian/Lebanese
 Other If 'Other' please specify: _____

12. Highest level of education attained:

Primary Secondary Tertiary Other

13. Religion:

Anglican Baptist Hindu Jehovah's Witness Methodist
 Muslim Orisha Rastafarian Roman Catholic
 Pentecostal / Evangelical / Full Gospel Seventh Day Adventist
 Presbyterian / Congregational None
 Other (Please specify) _____

QUESTIONS 14-17 APPLY TO THE CO-APPLICANT ONLY

14. Marital Status (*More than one box may be ticked if necessary*):

Single Married Divorced Separated
 Cohabiting Widow/Widower Common-law

15. Ethnicity:

African Caucasian Chinese East Indian
 Indigenous Mixed Portuguese Syrian/Lebanese
 Other If 'Other' please specify: _____

16. Highest level of education attained:

Primary Secondary Tertiary Other

17. Religion:

Anglican Baptist Hindu Jehovah's Witness Methodist
 Muslim Orisha Rastafarian Roman Catholic
 Pentecostal / Evangelical / Full Gospel Seventh Day Adventist
 Presbyterian / Congregational None
 Other (Please specify) _____

SECTION 2 - HOUSEHOLD INFORMATION

18. Do you/ or the co-applicant have any children of your own? Applicant Co-applicant
 Yes No Yes No

For each child currently in your home, please specify:

Name (Surname, First Name)	Related to:		Relationship to Applicant/Co-Applicant	Age	D.O.B. (dd/mm/yyyy)	School / Employment
	Applicant	Co-Applicant				

For any children of your own not living in your home, please specify:

Name (Surname, First Name)	Related to:		Relationship to Applicant/Co-Applicant	Age	D.O.B. (dd/mm/yyyy)	School / Employment
	Applicant	Co-Applicant				

19. Do any of the children in your home have special needs? Yes No

20. If yes, please specify what kind: _____

21. For each adult (person over the age of 18) in your home, please specify:

Name (Surname, First Name)	Age	D.O.B. (dd/mm/yyyy)	Occupation	Related to: Applicant/Co-Applicant	Relationship

22. Have you, the co-applicant or anyone in the household ever been convicted of a crime? Yes No

If yes, please state details: _____

23. Does anyone in the home drink? Yes No

24. Does anyone in the home or smoke? Yes No

If Yes to either of the above, Please state details:

25. Do you have any animals in the home? Yes No

If yes, please specify quantity, species and breed _____

SECTION 3 - EMPLOYMENT HISTORY

Please list in chronological order starting with your most recent employer.

Applicant

26. Employer: _____

Address: _____

Employment Status: _____

Position: _____

Start/ End Date: _____

27. Employer: _____

Address: _____

Employment Status: _____

Position: _____

Start/ End Date: _____

Co-applicant

28. Employer: _____

Address: _____

Employment Status: _____

Position: _____

Start/ End Date: _____

29. Employer: _____

Address: _____

Employment Status: _____

Position: _____

Start/ End Date: _____

30. What is your main source of income? _____

31. What is the average total monthly net income of the household?

- | | | | | | |
|---------------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|
| \$0 - \$4,000 | <input type="checkbox"/> | \$4,001 - \$7,000 | <input type="checkbox"/> | \$7,001 - \$9,000 | <input type="checkbox"/> |
| \$9,001 - \$11,000 | <input type="checkbox"/> | \$11,001 - \$15,000 | <input type="checkbox"/> | \$15,001 - \$20,000 | <input type="checkbox"/> |
| \$20,001 - \$30,000 | <input type="checkbox"/> | \$30,001 - \$40,000 | <input type="checkbox"/> | Over \$40,001 | <input type="checkbox"/> |

32. Do you receive any additional income? Yes No

If yes, please give details: _____

33. Have you and/or any member of the household ever received payment for the care of children?

Yes No

If yes, please give details: _____

SECTION 4 – MEDICAL HISTORY

34. Do you or any member of your household suffer from any illness (*physical and mental*)? Yes No

If yes, please give details:

Member of Household	Details

Other Details: _____

SECTION 5 – FOSTER CARE INFORMATION

35. Please give a brief explanation for you and your co-applicant's (where applicable) desire to become a foster parent:

36. Is this your first time applying to be a foster parent? Yes No

If no, please give details: _____

37. Do you have any friends or family who are foster parents? Yes No

38. Have you ever cared for children other than your biological child/children? Yes No

If yes, please give details: _____

39. Do you have a preference for the gender of the children placed in your care? Yes No

If yes, please specify: Male Female

40. Do you have an age preference for children placed in your care? Yes No

If yes, please specify the age group of preference:

- 0-3 years old 4-6 years old 7-11 years old
12-15 years old 16 years and older

41. Have you ever applied to be an adoptive parent? Yes No

SECTION 6 – ADDITIONAL INFORMATION

42. Do you consent to the Authority conducting visits to your residence?

Yes No

43. Do you consent to you and/or any member of the household accepting training from the Authority as foster parents?

Yes No

44. Do you consent to the Authority conducting background checks on you or any other member of your household?

Yes No

45. Have you or any member of the household received any previous training in Child Development or Foster Care?

Yes No

If yes, please give details and dates of training (e.g. Name of organisation, accreditation status, number of hours, content, etc.):

46. Have you lived in your current residence for more than five years? Yes No

If no, please give details:

Previous Address(es)	Duration of Stay (# of years)	Reason for Leaving

47. Is your mailing address different from your current place of residence? Yes No

If yes, please provide details:

Mailing address:

48. Who resides at this location? (Name & Relationship to Applicant) _____

SECTION 7 – REFERENCES

Please provide two references, one personal and one professional.

Applicant

49. Name: _____ Personal Professional

Relationship to applicant: _____

Address: _____

Contact No: _____ Email: _____

Occupation: _____

50. Name: _____ Personal Professional

Relationship to applicant: _____

Address: _____

Contact No: _____ Email: _____

Occupation: _____

Co-applicant

51. Name: _____ Personal Professional

Relationship to applicant: _____

Address: _____

Contact No: _____ Email: _____

Occupation: _____

52. Name: _____ Personal Professional

Relationship to applicant: _____

Address: _____

Contact No: _____ Email: _____

Occupation: _____

SECTION 8 – DECLARATION

I _____ and
INSERT NAME IN BLOCK LETTERS OF APPLICANT

I _____ declare:
INSERT NAME IN BLOCK LETTERS OF CO-APPLICANT

1. That the information provided in this application is complete and true to the best of my knowledge and that a false statement may disqualify my/our application from further consideration.

2. That it is understood that the Children's Authority of Trinidad and Tobago will verify any information relevant to this application, as well as conduct all necessary investigations in order to determine the suitability of the applicant/s and their home.
3. That it is understood that a Police Certificate of Character, a Medical Certificate of Fitness and photo identification will be required as part of this application.
4. That the Children's Authority of Trinidad and Tobago is authorised to contact the references named on this application.
5. That it is understood that completion of this application form does not guarantee success in becoming a Foster Care provider. An applicant is only successfully placed on the Register of approved foster parents upon final approval from the Children's Authority Board of Management.

Applicant Signature: _____ Date: _____
(dd/mm/yyyy)

Co-Applicant Signature: _____ Date: _____
(dd/mm/yyyy)