

DEPARTMENT OF CORRECTIONS

Application for Foster Care

Name: Husband			
Wife			
Social Security #: Husband			
Wife			
Address			
E-Mail Address: Husband			
Wife			
Phone Numbers: Home			
Business: Husband			
Wife			
Type of Foster Care	Regular <input type="checkbox"/>	Therapeutic <input type="checkbox"/>	
Number of Youth you would consider providing care for:	Boys:	Girls:	
How long have you lived at this address (Years)			

Household composition (name, age, sex and relationship of each family member)	Full Name	Age	Sex	Relationship

Current occupations of adult household members	Name	Occupation

Which spouse will be remaining at home full time (or be the contracted individual) primarily responsible for youth placed in the home?	
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Education/training/relevant work experience (Please provide information to document your qualifications to become foster parents). If more space is needed, please use an additional sheet of paper and attach to the application.	
Husband	Wife

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Are you now or have you ever been licensed to provide foster care? If yes, please provide the dates, the agency with which you were licensed and location.		
Date	Agency	Location

Please describe your ability to provide transportation for youth in placement to and from school if necessary, therapy sessions, medical appointments, etc. on a regular basis.

What schools would youth in your home attend?

Please provide a description of your home. (Include a photograph)

Have any household members ever suffered from substance abuse or mental illness? If yes, please explain:	
Name	Description

What resources are available in your location to assist you to met the needs of youth placed in your home?

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Please provide the name, address and telephone numbers of three people who are knowledgeable about your ability together to work with people, your experiences with youth and/or your character	
Name	
Address	
Telephone	
Name	
Address	
Telephone	
Name	
Address	
Telephone	

Please provide any other information you think would be helpful for us to know about your family: your likes, your dislikes, pets, hobbies, etc.

_____	_____
Signature	Date
_____	_____
Signature	Date

Return the completed form to:	Department of Corrections Attn: Wally Steele 510 North Cambell Street Suite 104 Rapid City, SD 57701
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