



Treatment Foster Care Program
205 Bloomsbury Avenue – Catonsville, MD 21228

Office: (410) 744-7310
Fax: (443) 636-5784

Treatment Foster Parent Application

*Thank you for expressing your interest as being a licensed treatment foster parent with our agency.
Kindly complete this application in its entirety and return back to our Treatment Foster Care Department
Thank you.*

Primary's Applicant: _____
Spouse's Name: _____
Address: _____
Home Phone Number: _____ Cell Phone: _____
Preferred Contact: __ Phone __ Email
Marital Status: __ Married __ Divorced __ Separated __ Single __ Never Married

Employment

Primary's Applicant: _____
Position/Title: _____
Address: _____
Supervisor's Name: _____
Date of Hire: _____ Annual Income: _____

Spouse's Employment: _____
Position/Title: _____
Address: _____
Supervisor's Name: _____
Date of Hire: _____ Annual Income: _____

If unmarried, please give the name, address and phone number of your support parent:



Name(s) of biological children/family that are currently living in the home or elsewhere:
(includes minor and/or adult children or family members)

<u>Name</u>	<u>Birthdate</u>	<u>At home or elsewhere</u>	<u>Relationship</u>

Education

In order to become a licensed treatment foster parent, you must have either a high school diploma or G.E.D. (General Education Diploma).

Do you and your spouse meet this requirement? ____ Yes ____ No

Personal History

1. Are you/spouse currently or have you been a foster parent in the past? YES NO
2. Are you/spouse currently or have you provided licensed childcare in your home? YES NO
3. Have you/spouse been convicted of any criminal charges in the past 7 years? YES NO
4. Do you/spouse have any felony convictions that are less than 7 years old? YES NO
5. Do you have a frequent visitor that stays at your home two or more days during the week? YES NO

If you have ever been a foster parent in the past please give the name, address, and contact person of the last agency with whom you were affiliated with?

<u>Agency</u>	<u>Contact Person & Phone Number</u>	<u>Years as a Provider</u>

In the space below, please indicate why you and your spouse would like to become a licensed treatment foster parent.

Primary Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____