

REGISTRATION TO BE A THERAPEUTIC FOSTER PARENT

Baltimore County Department of Social Services
Drumcastle Government Center
6401 York Road
Baltimore, MD 21212

Last Name: _____

Maiden Name (if applicable): _____

First Name: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Religion: _____

Place of Employment: _____

Job Title: _____ Work Hours: _____

Work Telephone: _____

Monthly Net Income: _____

Marital Status: S M D W Living with Someone

If Married, Date of Marriage: _____ City/State of Marriage: _____

If Married or currently living with a partner, please complete the following:

Spouse/Partner Last Name: _____

Spouse/Partner Maiden Name (if applicable): _____

Spouse/Partner First Name: _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Religion: _____

Place of Employment: _____

Job Title: _____ Work Hours: _____

Work Telephone: _____

Monthly Net Income: _____

Number of Children in the Home: _____

Please list Names, Birth Dates, Relation to Applicant and Occupation/School Grade of each child in the Home:

| Name | DOB | Relation | Occupation/Grade |
|-------|-------|----------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Number of Other Members in the Household: _____

Please list Names, Birth Dates, Relation to Applicant and Occupation/School Grade of other members in the household:

| Name | DOB | Relation | Occupation/Grade |
|-------|-------|----------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you own or rent your home? _____ own Home _____ Rent

How many bedrooms are in your home? _____

Have you ever been foster parents before? _____

Name/Address of Agency: _____

Please describe why you are interested in being a Therapeutic Foster Parent

Please list three references below. One must be a close relative

Name: _____

Address: _____

Telephone: _____

How long have you known this person? _____

Name: _____

Address: _____

Telephone: _____

How long have you known this person? _____

Name: _____

Address: _____

Telephone: _____

How long have you known this person? _____

Applicant Signature

Date

Spouse/Partner Signature

Date