



# APPLICATION FOR FOSTER FAMILY HOME LICENSE

State Form 10100 (R14 / 1-15)

DEPARTMENT OF CHILD SERVICES

County \_\_\_\_\_

**FOR CENTRAL / LOCAL OFFICE USE ONLY**

Enter resource identification number assigned by the Management Gateway for Indiana's Kids (MaGIK). If the number is less than nine digits, use zeroes for the first digits.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

*INSTRUCTIONS: Complete one form per family, in writing or electronically.*

**SECTION 1 - DEMOGRAPHICS**

*Include the full name of all persons who live in or spend the night in your home twenty-one (21) days or more throughout the year. Children who primarily live with another parent but have regular visits in your home should be reported.*

Full Name	Date of Birth (month, day, year)	Social Security Number *	Place of Birth	Household Role	Occupation or School Grade	Name of Employer or School
Applicant A						
Applicant B						
Children						
Others						

Present address (number and street, city, state, and ZIP code)

Directions to home

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Home telephone number ( )	Applicant A – Work or cellular telephone number ( )	Applicant B – Work or cellular telephone number ( )
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E-mail address	Number of children for whom you want to provide care	Age and sex
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Other states in which applicant has resided

Applicant A – Maiden or married names / aliases used	Marital status of Applicant A <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Married but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Couple living together
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Applicant B – Maiden or married names / aliases used	Marital status of Applicant B <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Married but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Couple living together
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**NOTE:** *If either applicant has been named in any Child Protective Service reports as having committed any act of abuse / neglect as determined by the Department of Child Services, this may be grounds for revocation or denial of a license.*

Has either applicant been named in any substantiated cases of child abuse / neglect as determined by Child Protective Services in Indiana or in any other state?  
 Yes    No

If yes, in what year?	If yes, in what state(s)?	If yes, in what county(ies)?
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If yes, please provide details.

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**SECTION 1 – DEMOGRAPHICS (continued)**

Have you ever applied to become an adoptive or foster parent?

Yes       No

*If yes, list all public and private agencies in Indiana or any other state to which you have ever applied for adoption or foster care. Use an additional sheet, if necessary.*

1. Name of agency	Date of application (month, day, year)
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Address (number and street, city, state, and ZIP code)

Was a license issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a family preparation assessment (i.e. home study) done? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Name of agency	Date of application (month, day, year)
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Address (number and street, city, state, and ZIP code)

Was a license issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a family preparation assessment (i.e. home study) done? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever had a foster home license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a foster home application denied? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes to either question, please provide details.

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**SECTION 2 - REFERENCES**

*Please give, as references, the names of at least four (4) persons (at least two (2) of whom are not related by blood, marriage, or adoption) who know your family life.*

Name	Address (number and street, city, state, and ZIP code)	Telephone Number
Name of physician		(    )
		(    )
		(    )
		(    )
		(    )
		(    )
		(    )

**SECTION 3 - CERTIFICATION**

I hereby certify that all statements made in this application, and any attachments thereto, are correct to the best of my knowledge.

Signature of Applicant A	Date signed (month, day, year)
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Signature of Applicant B	Date signed (month, day, year)
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