

### APPLICATION FOR FOSTER CARE LICENSE

This is an application for  
(check all boxes that apply)

Foster Home License     Foster Group Home License

**APPLICANT**

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Last name, First, MI		Last name, First, MI	
<u>Race</u> (check all that apply): <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> Aleut <input type="checkbox"/> Athabascan <input type="checkbox"/> Haida <input type="checkbox"/> Inupiaq <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimsian <input type="checkbox"/> Yupik <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		<u>Race</u> (check all that apply): <input type="checkbox"/> Alaskan Native Tribe: _____ <input type="checkbox"/> Aleut <input type="checkbox"/> Athabascan <input type="checkbox"/> Haida <input type="checkbox"/> Inupiaq <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimsian <input type="checkbox"/> Yupik <input type="checkbox"/> American Indian Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	
<u>Ethnic Background</u> : <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____		<u>Ethnic Background</u> : <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____	
Religious Affiliation (optional): _____		Religious Affiliation (optional): _____	
Education (last grade completed): _____		Education (last grade completed): _____	
Social Security #		Social Security #	
Work Phone	Home Phone	Work Phone	E-mail Address
Mailing Address	City/Village	State	Zip
Street Address	City/Village	State	Zip
Location, if different from street address /directions to home			
Marriage (if applicable): Date	City/County	State	Zip
Length of time sharing household with co-applicant:			
<b>Household Members</b> (Include yourself and your own children, including those living in the household part-time, but not foster children.)			
Name	Relationship	Birth Date	Age    Driver's License #
1.			
2.			
3.			
4.			
5.			
Use a separate page for additional individuals			
<b>Willing to care for:</b>	Number of children: _____	Age: _____ to _____	<input type="checkbox"/> Any age <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/> Specific child(ren only)

Applicant Name(s): \_\_\_\_\_

Have you previously applied to OCS for placement of a child?  Yes  No

Type	OCS Office	Application Date	Date Study Completed	Approved
<input type="checkbox"/> Relative Care	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Foster Care	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Adoption	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Guardianship	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever applied to another state, county, or private agency for placement of a child?

	Agency Name	Address
<input type="checkbox"/> Relative Care	_____	_____
<input type="checkbox"/> Foster Care	_____	_____
<input type="checkbox"/> Adoption	_____	_____
<input type="checkbox"/> Guardianship	_____	_____

Do you now or have you ever provided care to non related adults or children?  Yes  No  
 If yes, when and where? \_\_\_\_\_

What type? \_\_\_\_\_

Was any care certificate or license you have ever held denied, suspended, revoked, withdrawn, or relinquished?  Yes  No

**Residential History**

How long have you resided at the current address? \_\_\_\_\_

Are you located in an area susceptible to earthquakes, flooding, tsunamis, wildfires, avalanches, or other natural disasters?"  Yes  No

If less than 5 years, list addresses for the past 5 years in the spaces provided.

Street	City	State	Zip Code

**Closest Schools**

Elementary School	Middle School	High School

**REFERENCES** (Neighbors, employer, physician, friend) Only one reference may be related to applicant.  
 Please complete all sections.

Name	Mailing Address (city, state, zip)	Phone	E-Mail Address
1.			
2.			
3.			
4.			

5.			
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Applicant Name(s): \_\_\_\_\_

**A COMPLETE APPLICATION MUST INCLUDE:**

- Clearance** form for each applicant and household member age 16 or older. (06-9437)
- Fingerprint cards for each applicant and household member age 16 or older.
- Verification of electronic fingerprints submitted.

**APPLICANT CERTIFICATION AND SIGNATURE**

- I (we) have read and completed this application.
  - I (we) certify that this information and any information given at a later date will be true, complete, and accurate.
  - I (we) have received a copy of the State of Alaska Child Foster Home Statutes and Regulations, or I (we) will use the web address at <http://www.legis.state.ak.us/FOLHOME.HTM> for a copy of the statutes and regulations.
- For Emergency Conditions ( Applies  Does not apply)
- I (we) will provide fingerprint cards within 30 days of the placement of the child in my (our) home.

<b>Applicant or Licensee Signature</b>	<b>Date</b>	<b>Applicant or Licensee Signature</b>	<b>Date</b>
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\* If 2-parents, both must sign

**OCS USE ONLY**

Completed for applicants who are already licensed and applicants who are interested in becoming licensed

**FOSTER HOME**

**Capacity and Age Range:**

- Foster Home Ages: \_\_\_\_ to \_\_\_\_  
*(maximum: two children in first year, 3 children subsequent year)*
- Foster Group Home Ages: \_\_\_\_ to \_\_\_\_  
*(maximum: 8, including own children)*

**License Application:**

- Initial
- Biennial
- Change of location
- Applicant change: addition or loss of a foster parent, or change of name

**Specializations:**

- Emergency Shelter
- Supervised Transition Living
- Pregnant/Parenting Adolescents
- Boarding Home

**Completed for all applications**

Application initially received on \_\_\_\_\_  
Date

It was accepted as complete with all documentation on:

\_\_\_\_\_  
Worker Signature Date

Personal contact with the applicant was made on:

\_\_\_\_\_  
Worker Signature Date

**RETURN TO:**  
Worker/Agency