

Title (Mr./ Mrs./Ms)				Sı	urnar	ne					Fir	First Name							Middle Maiden Name Initial				e
Date of Bir	rth	D	D	М	М	Y	Y Y		Y	١	(Data	of Dir	th for	D	D	М	N	1	Y	Y	Y	Y
for Applicant												Appli											
MARITAL ST	TAT	US:	[]	Marri	ed	. []	Sing	le		[] Divorced [] Comm					nmon	-law		[] Wi	dowe	b	
TRN# Applic	cant	:1:									Т	'RN# /	Appli	cant2:									
CURRENT A	٩DD	RESS	5:															<u>.</u>					
What is you tenure?	r ho	ome	[]	Owne	əd		[]	Ren	ited		[] M	ortga	ged	[]	Rent	Free [] Other					
Number of y this address		s at	Rent per mont							ont	h:	\$					ortgag r mor						
Apartment N No.:	lo: /	Lot																					
Street No.: 8	Street No.: & Name																						
Street Name) :																						
District Nam	ie:																						
Post Office B	ox N	lo:																					
Parish Name	e:																						
Country:																							
Telephone Nu	umb	er:									Mobile:												
Directions to	Hor	ne.																					
PERMANEN	T A	DDRE	ESS (i	if not	the s	sam	e as	abov	ve)														
What is you tenure?	r ho	ome	[]	Owne	ed		[]	Ren	ted		[] Mo	ortga	ged	[] F	Rent	Free	1	[] Ot	her	
Number of y this address		s at					Re	ent pe	er m	ontl	h:	\$					rtgag nth:	je pe	er	\$			
Apartment N No.:	lo: /	Lot																					



Street No.: & Name																							
Street Name:																							
District Name:																							
Post Office Box No:																							
Parish Name:																							
Country:																							
Telephone Number:																							
Directions to Home:																							
Category					N	lale A	pplic	ant						I	ema	ale Ap	oplica	ant					
Religion/ Denominati	on:																						
	•													nplo	yed,		[]E	-	oyed,				
Employment Status:						,			udent	t		[]	Self-I	Empl	oyed	l,	[]8	Stude	nt				
Employment Status: Occupation:						,			udent	:		[]	Self-I	Empl	oyed	l,	[]9	Stude	nt				
									udent	:		[]	Self-I	Empl	oyed	l,	[]8	Stude	nt				
Occupation:									udent	:			Self-I	Empl	oyed	l,	[]\$	Stude	nt				
Occupation: Name of Employer:									udent				Self-I	Empl	oyed	l,	[]8	Stude	nt				
Occupation: Name of Employer: Address of Employer Hours of Work: Salary (weekly or monthly):									udent			[] 	Self-I	Empl	oyed	l,	[]8	Stude	nt				
Occupation: Name of Employer: Address of Employer Hours of Work: Salary (weekly or monthly): Income from other		[]				, 			udent				Self-I	Empl	oyed	I,	[]8	Stude	nt				
Occupation: Name of Employer: Address of Employer Hours of Work: Salary (weekly or monthly):	r:	[]:								L		\$	Self-I		oyed	I,	[]5	Stude					
Occupation: Name of Employer: Address of Employer Hours of Work: Salary (weekly or monthly): Income from other Source(s):	r:	[]:				,						\$	Self-I		oyed	I,		Stude					
Occupation: Name of Employer: Address of Employer Hours of Work: Salary (weekly or monthly): Income from other Source(s): Work Telephone No:	r:	[]:				,						\$	Self-I		oyed			ŝtude					
Occupation: Name of Employer: Address of Employer Hours of Work: Salary (weekly or monthly): Income from other Source(s): Work Telephone No: Home Telephone No:	r:	[]:				,						\$	Self-I		oyed			itude					



Surname	First Nam	ne A	Age	Sex (M/F)		tionship to licant	Working (Yes/No)	Occupation/ School				
DETAILS OF CHILDREN L			-			14/ a.ml. 1mm						
Surname	First Na	ame	Age	Se (N	∋x I/F)	Working (Yes/No)	Occupatio	on/ School				
Briefly describe your			1									
accommodations?												
Are you currently experiencing a physical		If "Yes",	pleas	se state	type	and duration	of illness be	elow:				
or mental illness (e.g.	[]Yes []No	Type of illness:										
diabetes, asthma, depression)?		Duration illness:	Duration of									
Is any member of household currently experiencing a physical	[] Yes [] No	lf "Yes",	, pleas	se state	type	and duration	of illness:					
or mental illness (e.g. diabetes, asthma,		Type of	illnes	s:								
depression)?		Duratior illness:	1	of								
Have you had a medical examination / visited the	[]Yes	Please s	state n	ame ar	nd add	ress of docto	or below:					
doctor in the last year?	[] No											



What is the name and address of your nearest health facility?														
Have you or any member of your household ever been convicted of an offence?	[]Yes []No	If yes, give details be	low:											
INTEREST IN FOSTER CAR	RE:													
Why do you wish to foster a child?														
What is your preference in terms of the sex of the child?	[]Male []Female []No Preference													
What is your preference in terms of the age of the child?														
How do you feel about the child maintaining contact with his/her biological parents?														
Have you ever applied to foster a child before?	[] Yes [] No	If yes, give date of last application?												
Where was your last application processed?					_		-		-					
Was a foster child placed in your home?	[] Yes []	Νο												
Level of Interest	[] High [] Low [] Unsu	e											
Placement Timeline	[] 3 Month [] Other (P	s [] 6 Months []	12 Mc	onths										
I understand that CPFSA has the right to refuse this application:	[] Yes [] No												
I will require the foster Care Grant :	[] Yes [] No												



PLEASE LIST TWO (2)	PLEASE LIST TWO (2) REFEREES ¹ :													
Surname	First Name	Con	tact Informat	tion (N	lailing	j / Pho	ne)		Occu	pation	1			
Declaration														
1. That the informati	 I/We declare: 1. That the information contained in this application is complete and true to the best of my/our knowledge and that a false statement may disqualify my/our application from further consideration. 													
	nent that the Child Protection and Fa		vices Agency v	vill che	ck for a	iny info	rmation	releva	nt to th	is appli	cation			
and that a crimina	I record checks and medical will be	required				-								
	otection and Family Services Agenc my/our children are in attendance.	y is give	n permission to	o conta	ct the r	eferenc	es nan	ned on	this ap	plicatio	n and			
Signature of Applicant:			Date:											
Signature of Applicant:			Date:											
	Sr	necial I	nstructions											
	OF													
	ipation under the Foster Care progr uding any other policy requirements			d until a	all requ	irement	s unde	r the Cl	hild Ca	re and				
 Application must the Peace, Minister of 	be accompanied by two passport siz Religion or a member of the Legal	e photog Fraternit	raphs which m y.	ust be (certifie	d by: S	enior P	olice O	fficer, .	Justice	of the			
3. The completed ap	plication form is to be returned to the	e CPFS/	A office nearest	you.										

¹ Family members cannot act as referees. In the case of joint applicants, the referee should be known to both applicants.



						CD	DA O	fficial (Jse On	ly										
Reference Number																				
Date Received		Re	eceived	Ву		Regio	onal O	ffice	1	Pari	Parish Office									
							South I Southe		North Ea											
Date Reviewed		Re	viewed	l By				Ap I	plicar nform	nt(s) ed		Date Informed								
							Approv Furthe	[] []												
Further Details Obtained			ate Fol Comp	low-up leted	1		C	Outcome	of Follov	v-Up		Ap I	plicar nform	nt(s) ed		Date Informed				
[] Yes [] No						[]/	Approv	[] Yes [] No												
Reasons for Rejecting																				
Application:																				
Other Comments:																				
Other Comments:																				
Name of Processing Officer:																				
Signature of Processing Officer:									Date Sigi	ned:										