



**FOSTER PARENT/HOST HOME
PRE-APPLICATION**

DATE: _____

NAME(S): _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **MAY WE CONTACT YOU AT WORK?** _____

EMAIL ADDRESS: _____

ARE YOU INTERESTED IN: **FOSTER CARE** **HOST HOMES**

PLEASE INDICATE YOUR WILLINGNESS TO CARE FOR A CHILD WHO IS:

MEDICALLY FRAGILE **DEVELOPMENTALLY DELAYED** **SHORT-TERM PLACEMENT (UP TO 90 DAYS)**

HAVE YOU EVER BEEN A FOSTER PARENT WITH ANOTHER AGENCY? _____

IF YES, WHAT AGENCY AND WHAT WAS YOUR REASON FOR LEAVING? _____

HOW DID YOU LEARN ABOUT CHILDKIND? _____

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*** PLEASE NOTE: ALL APPLICANTS INTERESTED IN WORKING DIRECTLY WITH CHILDREN WILL BE REQUIRED TO SUBMIT TO A CRIMINAL BACKGROUND CHECK. PLEASE RETURN THIS APPLICATION TO:
CHILDKIND, INC., 3107 CLAIRMONT AVE., SUITE A, ATLANTA GA 30329 OR FAX TO (404) 248-1981.**