



APPLICATION FOR FOSTER CARE

Name _____

Date of Birth _____ Home Phone _____
Primary Secondary
Foster Care Foster Care

Work Phone _____ Cell Phone _____

Email Address _____

Street Address _____

City _____ State _____ ZIP _____

Mail Address _____

City _____ State _____ ZIP _____

Number of youth you would consider providing care for Male ___ Female ___

How long have you lived at your current address _____

Household Composition:

Name	Age	Gender	Relationship

Current Occupation of adult household members:

Name	Occupation

Which spouse will be remaining at home full time or be the contracted individual primarily responsible for youth placed in the home? _____

Education/Training/Relevant work experiences to document your qualifications to become foster parents.

Are you now or have you ever been licensed to provide foster care? Yes No
If yes, please provide the dates, the agency you were licensed by and their contact information.

Please describe your ability to provide transportation for youth in placement to and from school, therapy sessions, medical appointments, etc. on a regular basis.

What schools would youth in your home attend?

Please provide a description of your home (Attach a photograph)

Have any household members ever suffered from substance abuse or mental illness? Yes No
If yes, please explain.

What resources are available in your location to assist you in meeting the needs of the youth placed in your home?

Please provide the name, address and telephone number of three people who are knowledgeable about your ability to work with people, your experiences with your and/or your character:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____
home work cell

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____
home work cell

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____
 home work cell

Please provide any other information that would be helpful for us to know about your family (likes, dislikes, pets, hobbies, etc.)

SIGNATURE

DATE

SIGNATURE

DATE

RETURN TO:

DEPARTMENT OF CORRECTIONS

ATTN: LARRY HUDLEMAYER, FOSTER CARE SPECIALIST

1600 SEDIVY LANE

RAPID CITY, SD 57703

ATTN: KIM TVEDT, FOSTER CARE SPECIALIST

2001 9TH AVENUE SW, SUITE 400

WATERTOWN, SD 57201