

GLADE RUN LUTHERAN SERVICES

P.O. Box 70, Zelienople, PA 16063

Telephone: (724) 452-4453

FAMILY FOSTER CARE

APPLICATION

Please print or type. Complete ALL information:

Date: _____

Foster Father: _____
(Last Name) (First) (M.I.)

Foster Mother: _____
(Last Name) (First) (M.I.)

Address: _____
(Number & Street) (City) (State) (Zip)

Phone Number: _____

(County) (Name of School District)

Directions to Home: _____

LIVING ARRANGEMENTS

Type of Home: Single Dwelling Home _____
Duplex _____
Apartment _____
Mobile Home _____

Do you: Own _____
Rent _____

How long have you lived at this address? _____. If less than five (5) years, please list former address(es):

STREET	CITY	STATE	ZIP	HOW LONG?

MOTHER

Date of Birth: _____ Place of Birth: _____ Social Security No.: _____

Religion: _____ Race: _____

Current Marital Status: _____ Were you previously married? _____ If so, how many times? _____

How Terminated: 1st _____ 2nd _____ 3rd _____

Date Terminated: 1st _____ 2nd _____ 3rd _____

Education

High School: _____ Year Graduated: _____ Degree: _____

College: _____ Year Graduated: _____ Degree: _____

Other: _____ Year Graduated: _____ Degree: _____

Employment

Present Employer: _____

Address: _____

Work Phone: _____ Working Hours: _____

Occupation/Job Title: _____

Length of Employment: _____ Income: _____

Previous Employer: _____

Address: _____

Dates of Employment: _____ Income: _____

Work Phone: _____

Other Sources of Income: _____

FATHER

Date of Birth: _____ Place of Birth: _____ Social Security No.: _____

Religion: _____ Race: _____

Current Marital Status: _____ Were you previously married? _____ If so, how many times? _____

How Terminated: 1st _____ 2nd _____ 3rd _____

Date Terminated: 1st _____ 2nd _____ 3rd _____

Education

High School: _____ Year Graduated: _____ Degree: _____

College: _____ Year Graduated: _____ Degree: _____

Other: _____ Year Graduated: _____ Degree: _____

Employment

Present Employer: _____

Address: _____

Work Phone: _____ Working Hours: _____

Occupation/Job Title: _____

Length of Employment: _____ Income: _____

Previous Employer: _____

Address: _____

Dates of Employment: _____ Income: _____

Work Phone: _____

Other Sources of Income: _____

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone No.: _____ Relationship: _____

I hereby certify that all of the preceding information is correct and understand that this information will be used by Glade Run Lutheran Services in evaluating our application to become foster parents. This information will also be used by county agencies to investigate prospective foster parents' backgrounds.

Foster Mother's Signature: _____ Date: _____

Foster Father's Signature: _____ Date: _____

When completed, please mail to:

Glade Run Lutheran Services
Attention: Kathy Chludzinski
1008 7th Ave.
Suite 210
Beaver Falls, PA 15010