



**BLUE
PRINT**
FOR CHANGE

Prospective Caregiver Application



Prospective Caregiver Application *Thank you for your interest in being a resource for children and families.*

Primary Caregiver: _____

Secondary Caregiver (if applicable): _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Primary Email: _____ School District: _____

Secondary Phone: _____ Secondary Email: _____

U.S. Military Service

Dates of Service _____ Current Status: Active Retired List Branch _____

Primary Caregiver: _____ National Guard Reserve Other _____

Secondary Caregiver (if applicable): _____ National Guard Reserve Other _____

To which program are you applying?

- Partnership Parenting Resource Parenting Adoption Legal Risk Adoption
 Kinship Partnership Parenting Kinship Resource Parenting Kinship Adoption Respite Family

Desired Child Demographics

Desired age range: _____ Desired number of children: _____ Desired gender: _____

Why is now a good time for your family to foster / adopt? _____

Have you fostered or adopted in the past? No Yes (If yes, where and when?) _____

Are you currently approved with an agency? No Yes (If yes, which agency?) _____

Marital Status

Single Married (If married, please provide date and location of marriage) Date married: _____

Co-habiting Widowed Divorced Location: _____

Primary Caregiver identifying information

Full name: _____ Maiden name: _____

Previous name(s): _____

Gender: _____ Social Security Number: _____ Date of birth: _____

Place of birth: _____ Are you a US Citizen?: No Yes

If not, which country are you a citizen of?: _____ How long have you lived in Georgia?: _____

What is your immigration status? Explain below: _____ Are you in the process of becoming a U.S. citizen?: No Yes

Race / Ethnicity:

- White Hispanic or Latino
- Black or African American
- Asian / Pacific Islander
- Other (Specify):

Religion: _____

- Native American or American Indian: Percentage Heritage: _____
- Tribal Member Yes No Unknown
- Tribe name: _____
- Registered with Tribe Yes No Unknown
- Tribal Registry #: _____

Highest level of education: _____ Languages spoken: _____

Have you lived in any other state in the past five years? No Yes (If yes, please list states below)

List any previous marriages. Include dates and how the marriage ended: _____

Primary Caregiver employment information

Primary Caregiver's occupation: _____

Length of time employed: _____ Annual income: _____

Secondary Caregiver identifying information

Full name: _____ Maiden name: _____

Previous name(s): _____

Gender: _____ Social Security Number: _____ Date of birth: _____

Place of birth: _____ Are you a US Citizen?: No Yes

If not, which country are you a citizen of?: _____ How long have you lived in Georgia?: _____

What is your immigration status? Explain below: _____ Are you in the process of becoming a U.S. citizen?: No Yes

Race / Ethnicity:

- White Hispanic or Latino
- Black or African American
- Asian / Pacific Islander
- Other (Specify):

Religion: _____

- Native American or American Indian: Percentage Heritage: _____
- Tribal Member Yes No Unknown
- Tribe name: _____
- Registered with Tribe Yes No Unknown
- Tribal Registry #: _____

Highest level of education: _____ Languages spoken: _____

Have you lived in any other state in the past five years? Yes No (If yes, please list states below)

List any previous marriages. Include dates and how the marriage ended: _____

Secondary caregiver employment information (if applicable):

Secondary Caregiver's occupation: _____

Length of time employed: _____ Annual income: _____

CPR Certification

Primary Caregiver: Do you have current CPR / First Aid Certification? Yes No

Expiration date (if you have a current Certification): _____

Secondary Caregiver: Do you have current CPR / First Aid Certification? Yes No

Expiration date (if you have a current Certification): _____

Other household members

Please complete the following information for any persons 18 or older residing in your home.

Background checks are conducted on all adults 18 and older, living in the home.

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Gender: _____

Previous name(s): _____

Race / Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian

Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital Status: Single Married (If married, please provide date and location of marriage) Date: _____

Co-habiting Widowed Divorced Location: _____

Role in home: _____

Name: _____ DOB (mm/dd/yyyy): _____ Age: _____ Gender: _____

Previous name(s): _____

Race / Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian

Asian / Pacific Islander Other (Specify): _____

Languages spoken: _____

Education: _____ Occupation: _____

Marital Status: Single Married (If married, please provide date and location of marriage) Date: _____
 Co-habiting Widowed Divorced Location: _____

Role in home: _____

Do you operate a home-based business? Yes No Do clients regularly visit? Yes No N/A

Do you have, or plan to acquire, a child care license? Yes No

Do you operate a licensed personal care home? Yes No

Children

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

Name: _____ Age: _____ Date of birth: _____ Gender: _____ Grade: _____

List the names of your children (biological or other),
minor or adult, not residing in home.

And if they visit your home,
how often?

_____	_____
_____	_____
_____	_____

What are the best days / times to contact you?

What are the best days / times for home visits?

What days / times are you available for pre-service training?

Use the space below to provide any comments, questions or additional household member information.

Primary Caregiver Signature

Date

Secondary Caregiver Signature

Date
