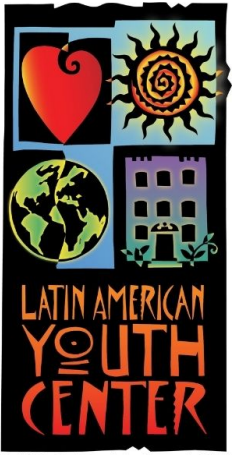


**LATIN AMERICAN YOUTH CENTER  
ESPERANZA PROGRAM**

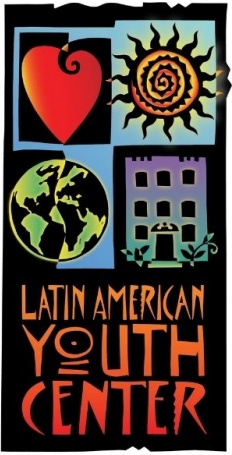
**BACKUP CAREGIVER APPLICATION**



1419 Columbia Road NW  
Washington, DC 20009  
Phone: 202.319.2225  
Web: www.layc-dc.org

**I. Applicant Information:**

Applicant #1:	Applicant #2: (if applicable)
Full Legal Name:	Full Legal Name:
Maiden Name:	Maiden Name:
Previous Name:	Previous Name:
Date of Birth:	Date of Birth:
Place of birth (City, State, Country):	Place of birth (City, State, Country):
Gender:	Gender:
Religious Affiliation:	Religious Affiliation:
Educational Background:	Educational Background:
Occupation:	Occupation:
Current Employer:	Current Employer:
Name of Partner/Spouse:	Name of Partner/Spouse:



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**II. Home Mailing Address:**

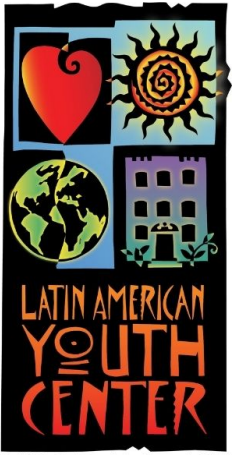
Street Address:	Street Address:
City/Town - State:	City/Town - State:
County/Ward:	County/Ward:
Neighborhood:	Neighborhood:
Home Phone:	Home Phone:

**III. Contact Information:**

Phone (Cell):	Phone (Cell):
Phone (Work/Other):	Phone (Work/Other):
Email:	Email:

**IV. Children:**

Full Legal name	Gender	DOB	Age	Do they live in the home of the applicant?



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**V. Other Adults Living in Home of Applicant(s):**

Full legal name	Gender	Age	Relationship to Applicant(s)	Willing to get clearances and participate in the licensing process?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**VI. Marriage or Domestic Partnership:**

*(If more than one marriage or domestic partnership, use the back side of the page to record additional information)*

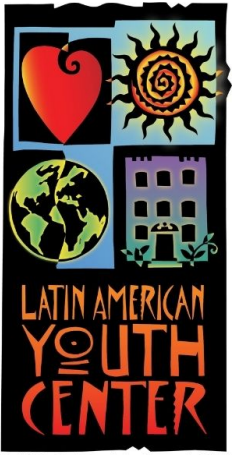
<p>Marital Status:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Single, never married</li> <li><input type="radio"/> Married</li> <li><input type="radio"/> Separated</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Living with long-term domestic partner</li> </ul> <p>Date of Current Marriage/ Domestic Partnership:</p>
---

**a. Previous Marriages or Domestic Partnerships**

***Partnership of Applicant #1***

***Partnership of Applicant #2***

Name of Previous Spouse/ Domestic:	Name of Previous Spouse/ Domestic:
Date Begun:	Date Begun:
Date Ended:	Date Ended:



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**VII. Area of interest:**

I am/we are interested in: (check all that apply)

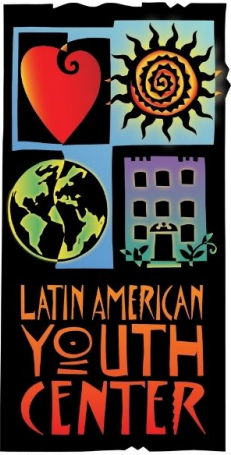
<input type="checkbox"/>	Fostering a child (i.e. traditional or therapeutic foster care license)
<input type="checkbox"/>	Becoming a relative caregiver (i.e. Emergency Temporary Kinship License or Regular Kinship License)
<input type="checkbox"/>	<b>Serving as a respite option for foster families (i.e. traditional, transitional, or therapeutic foster license)</b>
<input type="checkbox"/>	Foster or adopting a specific child or group of children

**VIII. Type of Child That You Would Be Interested in Providing Backup Care:**

Age of child (range from 5-17):	
Gender:	Boy__ Girl__ Either__
Are you open to considering fostering or <b>providing respite care</b> for sibling groups:	Yes___ No___
If you are open to fostering or <b>providing respite care</b> for multiple children, what is the maximum number of children that you would be willing and able to care for at any given period of time?	

**IX. Previous Applications to become a Backup Caregiver :**

Have you previously applied to become a backup caregiver, foster parent, kinship caregiver, adoptive parent, either as an individual or as a couple?	Yes___ No___
If so, please list all foster or adoption agencies that you have approached and/or applied to and the approximate dates of inquiry/application for each:	
Have you previously started or completed a foster care, kinship, or adoption educational/training program?	Yes___ No___
I have applied to make my home a licensed day care facility.	Yes___ No___



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**X. Comments**

Is there anything else you would like for LAYC to know? Please include your comments here.

**XI. Acknowledgments:**

I/We, the undersigned, submit this application with the following acknowledgments:

I/We give full permission to the Latin American Youth Center (LAYC) Esperanza Program to communicate and exchange information about me/us, in written and verbal form, with other child welfare agencies, private and international adoption agencies, physicians, mental health professionals, referees, other foster care licensees and practitioners, government agencies/departments, and other sources, as necessary, in order to further my/our application for the program.

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date: