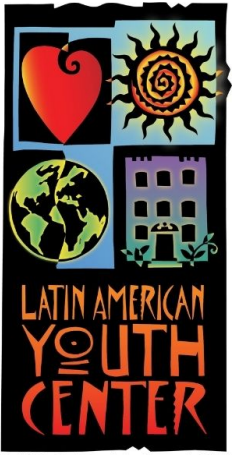


**LATIN AMERICAN YOUTH CENTER
ESPERANZA PROGRAM**

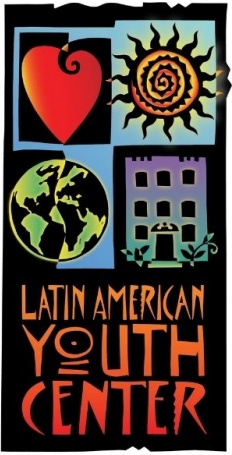
FOSTER PARENT APPLICATION



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:



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II. Home Mailing Address:

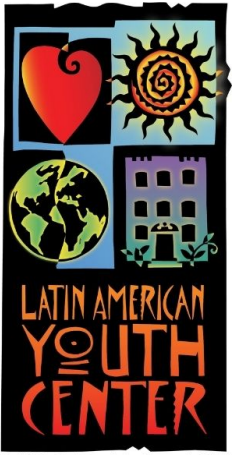
Street Address:	Street Address:
City/Town - State:	City/Town - State:
County/Ward:	County/Ward:
Neighborhood:	Neighborhood:
Home Phone:	Home Phone:

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

VI. Marriage or Domestic Partnership:

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

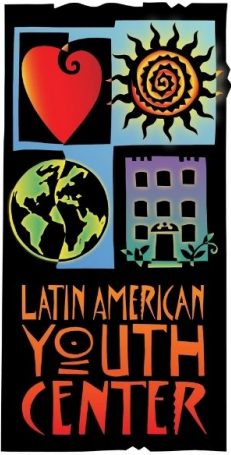
<p>Marital Status:</p> <ul style="list-style-type: none"> <input type="radio"/> Single, never married <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Living with long-term domestic partner <p>Date of Current Marriage/ Domestic Partnership: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

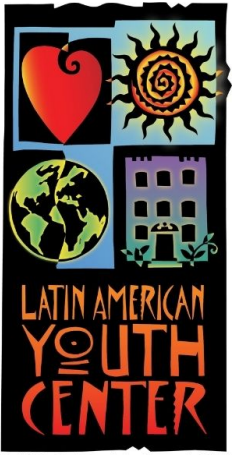
<input type="checkbox"/>	Fostering a child (i.e. traditional or therapeutic foster care license)
<input type="checkbox"/>	Becoming a relative caregiver (i.e. Emergency Temporary Kinship License or Regular Kinship License)
<input type="checkbox"/>	Adopting of children in foster care (i.e. pre-adoptive foster home for foster-to-adopt families)
<input type="checkbox"/>	Serving as a respite option for foster families (i.e. traditional or therapeutic foster license)
<input type="checkbox"/>	Foster of adopting a specific child or group of children

VIII. Type of Child That You Would Be Interested in Fostering:

Age of child (range from 0-17):	
Gender:	Boy__ Girl__ Either__
Are you open to considering fostering sibling groups:	Yes___ No___
If you are open to fostering 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 Foster/Adopt:

Have you previously applied to become a 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. Acknowledgments:

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

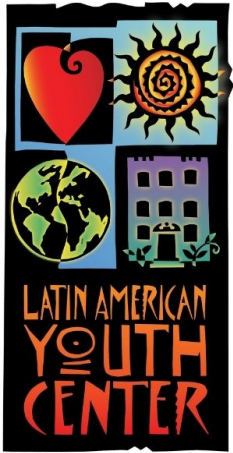
I/We give full permission to the Latin American Youth Center (LAYC) Esperanza Program to communicate and exchange information about me/us, in written and verbal form, with other child welfare agencies, private and international adoption agencies, physicians, mental health professionals, referees, other 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:



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Addendum 1

Major Monthly Expenses for Prospective Foster Parents

Instruction: Applicants are to complete this form and return it to the licensing specialist. Fill in all blanks. Use "None" or "N/A" (not applicable), as appropriate.

I. Name:

Applicant #1

Applicant #2

Address:	Address:
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II. Place of Employment:

Applicant #1

Applicant #2

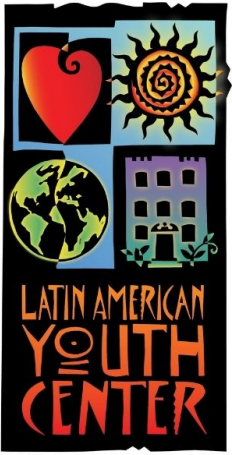
Address:	Address:
Phone:	Phone:

III. Annual Income:

Applicant #1

Applicant #2

Salary:	Salary:
Mortgage (Monthly payment):	Mortgage (Monthly payment):
Name(s) on Deed:	Name(s) on Deed:
Rent (Monthly payment):	Rent (Monthly payment):



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Name(s) on Lease:	Name(s) on Lease:
Other property payments (if applicable):	Other property payments (if applicable):

IV. Utilities:

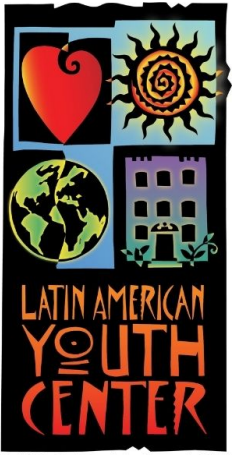
Gas:	
Electricity:	
Oil:	
Telephone (landline):	
Phone plan:	
Cable:	
Internet:	
Child support (if applicable):	

V. Car Payments and Insurance:

Car Payment Applicant #1

Car Payment Applicant #2

Name of Company:	Name of Company:
Policy Number:	Policy Number:
Driver License:	Driver License:



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Monthly payment:	Monthly payment:
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Insurance Payment Applicant #1

Insurance Payment Applicant #2

Life insurance:	Life insurance:
Health insurance:	Health insurance:
Home/Apt:	Home/ Apt:

VI. Other:

Loans/Credit Cards:	Loans/Credit Cards:
Food:	Food:
Miscellaneous (i.e., clothing, entertainment, etc.)	Miscellaneous (i.e., clothing, entertainment, etc.)

Total Net Monthly Income _____

Total Monthly Expenses _____

**subtract expenses from income*

Total Remaining Monthly Income _____

 Signature of Applicant #1

 Date:

 Signature of Applicant #2

 Date: