

The New Beginnings

Family Living Supports Provider Application

All Information is Strictly Confidential

Applicant's Name – Last, First and Middle	Phone Number
Co-Applicant's Name – Last, First and Middle	Phone Number
Home Address- No. and Street, City, State and Zip	Phone Number

Direction to home:

Primary language spoken in the home_____

Other language spoken in the home_____

Religion (if applicable) _____

Applicant:

Education – last Grade/degree completed	Grammar School	High School	College
Military Service	Branch	Length of Service	Type of discharge

Work Experience

Employer	Type of work	Dates: To - From	Reason for leaving	Supervisor

Co-applicant

Education –last grade Degree completed	Grammar School	High School	College
Military Service	Branch	Length of Service	Type of Discharge

Work Experience

Employer	Type of Work	Dates: To - From	Reason for leaving	Supervisor

Children in the home;

Name	Birth date	Occupation or school grade	Natural or adopted

Children out of the home_____

Are you currently, or have you in the past, worked as a foster parent:

All adults placed by our agency have a developmental disability. Are there any conditions which you would not feel comfortable?

What ages and/or genders would you feel comfortable including in your family?

What experience have you had in providing care to others?

Have you ever been:

Arrested as a juvenile	_____yes _____no	_____yes _____no
Arrested as an adult	_____yes _____no	_____yes _____no
Received psychological/psychiatric treatment	_____yes _____no	_____yes _____no

If there is a yes answer to any of the above questions, please explain circumstances:

References:

Name	Mailing Address	Phone Number	Relationship

I attest that all information provided is true

Signature of Applicant

Date

Signature of Co-Applicant

Date