



MINISTRY OF SOCIAL PROTECTION
SOCIAL SERVICES DEPARTMENT
FOSTER CARE APPLICATION FORM

Date: _____

1. Name:

.....

(Surname)

(First Name)

2. Date of Birth:

.....

3. Marital Status: Single Married Divorce Separated

4. Name of Spouse:

.....

5. Wife's Occupation..... Husband's Occupation.....

6. Wife's Income.....Wkly/Mthly Husband's Income.....Wkly/Mthly

7. No. of Children in the Family:

.....

Name

Age

- | | |
|---------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

8. Religion

9. Do you attend your place of worship: Regularly Seldom Not at all

10. Ethnic Origin

11. Type of Accommodation: Owned Rental

No. of Bedrooms:

12. Address over the past five years:

.....
.....

13. Telephone:

Home Work Cell

14. Reason for wanting to foster:

.....

15. Child Interested in: Age Sex

16. (a) Have you fostered a child before? Yes No

(b) If yes, please state (i) Age of child (ii) For what period

17. (a) Have you adopted/fostered a child before? Yes No

(b) If yes, age of child when adopted:

18. What Organization/s are you affiliated to?

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19. Is there anyone in the family suffering from any known illness? Yes No

20. Names and addresses of two (2) persons from who references could be taken:

(1)

.....

.....

(2)

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