CFS 506-F Rev. 11/2014

State of Illinois Department of Children and Family Services

FOSTER FAMILY HOME INFORMATION

ADDRESS: CStreet or Rural Route (Cast) (First) (Middle)	I.	NAME:	Applicant A(La	st)	(First)		(Middle)	
Citry Cip Cip Cip County Cip Ci					(First)		(Middle)	
How long have you been a resident of Illinois? Applicant A:		ADDRESS:	(Street on Dynal Doyte)					
How long have you been a resident of Illinois? Applicant A: (Months) (Years) Applicant B: (Months) (Years) II. HOME—Check any boxes that apply DO YOU OWN RENT LANDLORD APPROVAL TO CARE FOR UNRELATED CHILDREN VES NO WATER SUPPLY CITY OTHER (Specify) DIRECTIONS FOR REACHING YOUR HOME: III. MARITAL STATUS—Check One Box PROVIDER ID# CIVIL UNION (Date) SINGLE WIDOWED DIVORCED LEGALLY SEPARATED W. MEMBERS OF HOUSEHOLD (include Children, Relatives, Others) NAME RELATIONSHIP BIRTHDATE SOCIAL SECURITY OR ITIN NUMBER Sher Adult-Child: OR ITIN NUMBER Sher Adult-Child: OR ITIN NUMBER Sher Adult-Child: OR ITIN NUMBER Applicant A OR ITIN OR Applicant B OR ITIN OR Working Years Working Years Working Years Working Years Applicant A OR ITIN OR Applicant A OR ITIN OR Applicant B OR ITIN OR Applicant A OR ITIN OR Applicant B OR ITIN OR Applicant A OR ITIN OR Applicant A OR ITIN OR Applicant A OR ITIN OR Applicant B OR ITIN OR Applicant A OR ITIN OR APPLICATION OR A			(Street of Rural Route)					
II. HOME—Check any boxes that apply DO YOU			(City)	(Zip Code)	(County	(Telepho	one)	
II. HOME—Check any boxes that apply DO YOU OWN RENT LANDLORD APPROVAL TO CARE FOR UNRELATED CHILDREN YES NO		How lor	ng have you been a resider	t of Illinois? App	licant A: (Months)	Applicant B:	(Months) (Y	ears)
APARTMENT	II.	HOME—Ch	neck any boxes that apply		(Monuis) (Toursy	(Monuis) (1	Years
WATER SUPPLY		DO YO						
II. MARITAL STATUS—Check One Box MARRIED (Date) CIVIL UNION (Date) SINGLE WIDDOWED DIVORCED LEGALLY SEPARATED V. MEMBERS OF HOUSEHOLD (include Children, Relatives, Others) NAME RELATIONSHIP BIRTHDATE SOCIAL SECURITY NAME RELATIONSHIP BIRTHDATE OR ITIN NUMBER RELATIONSHIP RELIGION Supplicant A: (Date) (Date) Other Adult/Child: (Date) (Date) (Date) (Date) Other Adult/Child: (Date) (Date) (Date) (Date) (Date) (Date) Other Adult/Child: (Date) (Date)								
MARRIED		DIRECTION	NS FOR REACHING YOU	JR HOME:				
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SINGLE WIDOWED LEGALLY SEPARATED V. MEMBERS OF HOUSEHOLD (include Children, Relatives, Others) NAME RELATIONSHIP BIRTHDATE SOCIAL SECURITY OR ITIN NUMBER RELIGION Applicant B:				ate)				
DIVORCED								
NAME RELATIONSHIP BIRTHDATE SOCIAL SECURITY OR ITIN NUMBER RELIGION Applicant A:			<u>—</u>					
NAME RELATIONSHIP BIRTHDATE OR ITIN NUMBER RELIGION Applicant A: Applicant B: Other Adult/Child: Other	IV.							
Applicant B: Other Adult/Child: Other Adult/			NAME	RELATIONSHIE	BIRTHDATE		RELI	GION
Other Adult/Child: Other Adult/C				_				
Other Adult/Child: Other Adult/C								
Other Adult/Child: Other Adult/Child: Other Adult/Child: Other Adult/Child: Other Adult/Child: Canguage(s) Spoken CURRENT EMPLOYMENT Name of Firm Address Title or Position Working Years Employed —to								
Other Adult/Child: Cher Adult/C								
Applicant B Cother Adult/Child: Canguage(s) Spoken Address Title or Position Working Years Employed — to —				_				
Applicant B Name of Firm Address Title or Position Working Years Employed Ltotototototototototototo								
Applicant B Name of Firm Address Title or Position Working Years Employed Ltotototototototototototo	 Lan	guage(s) Spo	ken					
Applicant A Applicant B Address Title or Position Hours Employed totototototototototototototo							Working	Years
Applicant A Applicant B — to — to			Name of Firm	<u> </u>	Address	Title or Position	Hours	
Applicant B		Applicant A					to	
Approximate Annual Income of Total Household, Regardless of Sources:		Applicant B					to	
	Арр	proximate An	nual Income of Total Hous	sehold, Regardless of	Sources:			

DESCRIBE YOUR EXPERIENCE WITH CHILDREN OTHER THAN YOUR OWN. THESE MAY INCLUDE CARELATIVE'S CHILDREN, TEACHING SUNDAY SCHOOL, WORK WITH SCOUTS OR OTHER GROUPS, ETC.							
WHY DO YOU WANT TO PR	ROVIDE CHILD CARE?						
STATE THE AGE RANGE, SEX, AND NUMBER OF CHILDREN YOU WOULD LIKE TO HAVE IN YOUR HOME							
REFERENCES: You must list at least three (3) persons unrelated to you who know how you care for children							
1. Name	Phor	ne					
Address	City	Z	ip Code				
2. Name	Pho	ne					
Address	City	Z	ip Code				
3. Name	Pho	ne					
Address	City	City Zip Code					
IF EITHER APPLICANT HAS BEEN AN ILLINOIS RESIDENT FOR LESS THAN FIVE YEARS, INCLUDE TW							
	REVIOUS RESIDENCE STATE:	D.					
	G':						
	City						
5. Name		Phone					
	City	State	Zip Code				