

**APPLICATION FOR FOSTER FAMILY HOME  
LICENSE FOR RELATIVE CAREGIVERS**

**DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY**

Region/Site/Field Responsible for License \_\_\_\_\_ Date Received \_\_\_\_\_  
 County No. \_\_\_\_\_ Date Entered \_\_\_\_\_  
 Supervising Agency No. \_\_\_\_\_  DCFS Regional Office \_\_\_\_\_ Field Office \_\_\_\_\_  
 Licensed Child Welfare Agency Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ Telephone No. \_\_\_\_\_

**PLEASE READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS APPLICATION**

**I. APPLICANT INFORMATION:**

Name of Applicants: A. \_\_\_\_\_  
Last Name First Name Middle Social Security Number or ITIN Number

B. \_\_\_\_\_  
Last Name First Name Middle Social Security Number or ITIN Number

Address \_\_\_\_\_  
No. and Street City, State and Zip County

Mailing Address \_\_\_\_\_  
No. and Street City, State and Zip County

Home Telephone \_\_\_\_\_  
Area Code Number

Work or Cell Number Applicant A \_\_\_\_\_ Work or Cell Number Applicant B \_\_\_\_\_  
Area Code Number Area Code Number

Email Address Applicant A \_\_\_\_\_ Email Address Applicant B \_\_\_\_\_

Does Applicant A and/or B speak a language other than English?  No  Yes If yes indicate:

Applicant A's Language: \_\_\_\_\_

Applicant A's Proficiency: Bilingual \_\_\_\_\_ Fluent \_\_\_\_\_ Conversational \_\_\_\_\_

Applicant B's Language: \_\_\_\_\_

Applicant B's Proficiency: Bilingual \_\_\_\_\_ Fluent \_\_\_\_\_ Conversational \_\_\_\_\_

**II. CURRENT AND PREVIOUS LICENSES**

1. Have you ever been convicted for other than a minor traffic violations?  No  Yes  
 If yes, explain \_\_\_\_\_
2. Are you currently licensed for child care in Illinois?  No  Yes  
 If yes, give type of license(s) and license(s) No(s) \_\_\_\_\_  
 Name on license(s) \_\_\_\_\_  
 Address on license(s) \_\_\_\_\_
3. Have you ever been licensed for child care outside Illinois?  No  Yes  
 If yes, give type of license(s) and the license(s) No(s) \_\_\_\_\_  
 Name on license(s) \_\_\_\_\_  
 Address on license(s) \_\_\_\_\_
4. If you are not currently licensed for child care, complete the question below:  
 Have you ever applied for a child care license?  No  Yes  
 Was license issued?  No  Yes  
 Name on license \_\_\_\_\_  
 Address on license \_\_\_\_\_

**III. HOME**—Check any boxes that apply

- Do You  Own  Rent  
 Apartment  Mobile Home  House  Other (Specify) \_\_\_\_\_
- Do you have landlord approval to care for related children?  Yes  No
- Water supply  City  Other (Specify) \_\_\_\_\_
- Directions for reaching your home: \_\_\_\_\_

**IV. MARITAL STATUS**—Check One Box

- Married \_\_\_\_\_ (Date)  Civil Union \_\_\_\_\_ (Date)  
 Single  Widowed  
 Divorced  Legally Separated

**V. MEMBERS OF HOUSEHOLD** (include Children, Relatives, Others)

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY or ITIN NUMBER	RELIGION
Applicant A:				
Applicant B:				

**VI. CURRENT EMPLOYMENT**

	Name of Firm	Address	Title or Position	Working Hours
Applicant A				____ to ____
Applicant B				____ to ____

IF APPLICANT(S) WORK OUTSIDE OF HOME, DESCRIBE CHILD CARE PLANS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. REFERENCES:** Persons unrelated to you who know how you care for children

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**IF EITHER APPLICANT HAS BEEN AN ILLINOIS RESIDENT FOR LESS THAN FIVE YEARS, INCLUDE TWO REFERENCES FROM THE PREVIOUS RESIDENCE STATE:**

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**VIII. CERTIFICATION**

I (WE), the undersigned, hereby apply for license to operate a foster family home under the Child Care Act of 1969 as amended. I (WE) declare that, I(WE):

1. Have received a copy of the standards for foster family homes, have read them and are familiar with them.
2. Will be subject to and cooperate with the supervising agency in the licensing process to determine my/our compliance with licensing standards.
3. Will be subject to supervision in terms of conformance with minimum standards upon issuance of a license.
4. Affirm that the information provided above is true. I(WE) understand that making materially false statements in order to obtain a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.

**SIGNATURE(S)**

\_\_\_\_\_  
Applicant A

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Applicant B

\_\_\_\_\_  
DATE

**INSTRUCTIONS FOR APPLICATION FOR FAMILY HOME LICENSE**

**Name of Applicant(s)**

Enter the name(s) of the person(s) who are applying to be licensed as foster parent(s). Enter the social security or individual taxpayer identification (ITIN) number of each person listed in the spaces provided.

**Address**

Enter the complete address of the home’s actual location.

**Mailing Address**

Use ONLY when the mailing address is different from the actual location of the home.

**Telephone Number**

Enter the area code and phone number of the home and work telephone if applicable.

All applicants should verify the statements above and sign.

If there is one applicant, he/she must sign the form. If there are joint/married applicants, both must sign.

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.