

TIOGA COUNTY DEPARTMENT OF HUMAN SERVICES
Resource Family Application

APPLICANT 1 - INFORMATION:

APPLICANT 2 - INFORMATION:

Last Name: _____	Last Name: _____
First: _____ Middle: _____	First: _____ Middle: _____
Social Security Number: _____	Social Security Number: _____
Date of birth: _____ Place of birth: _____	Date of birth: _____ Place of birth: _____
Name of School: _____	Name of School: _____
Grade last Attended: _____	Grade last Attended: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Annual Income: _____	Annual Income: _____
Length of Employment: _____	Length of Employment: _____
Religious Affiliation: _____	Religious Affiliation: _____
Church you attend: _____	Church you attend: _____
Race: _____	Race: _____

Mailing Address: _____ Zip Code: _____

Home Telephone: (____) _____ Work Telephone: (____) _____ Best time to reach you: _____

Applicant 1 - Working Hours: _____ am/pm to _____ am/pm. Which Days? _____

Applicant 2 - Working Hours: _____ am/pm to _____ am/pm. Which Days? _____

Marriage Date: _____ Location of Marriage: _____ By Whom: _____

Number of previous marriages: Applicant 1 _____ Applicant 2 _____

Date of last divorce: Applicant 1 _____ Applicant 2 _____

Country/state divorce was obtained: Applicant 1 _____
 Applicant 2 _____

Names of your children	DOB	SS#	Grade	Living at home
_____	_____	_____	_____	Yes/No _____
_____	_____	_____	_____	Yes/No _____
_____	_____	_____	_____	Yes/No _____
_____	_____	_____	_____	Yes/No _____

Name, D.O.B., SS# and relation of anyone else living in your home: _____

Have you been foster parents previously? _____ If yes, with what agency? _____

Please give complete name and address: _____

Dates of Involvement: _____

Are you willing to give consent to that agency to release study and supervisory information to Tioga County Department of Human Services? _____

What schools do children living in your home attend? (Please list school names and addresses) _____

What is the distance from the schools to your home? _____

By what means would children travel to and from school? _____

Who is your family doctor? _____

Has any individual residing in the home ever been convicted of a misdemeanor or felony charge? _____

If yes please explain: _____

Does anyone in the household own or possess firearms/weapons? _____

