# 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:				
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	hone: () Best time to reach you:			
Applicant 1 - Working Hours: am/pm to	o am/pm. Which Days?			
Applicant 2 - Working Hours:am/pm to	am/pm. Which Days?			
Marriage Date: Location of Marria	age: By Whom:			
Number of previous marriages: Applicant 1 Date of last divorce: Applicant 1	Applicant 2 Applicant 2			
Country/state divorce was obtained: Applicant 1 Applicant 2				

Names of your children	DOB	SS#	Grade	Living at home
				Yes/No
Name, D.O.B., SS♯ and relatio	on of anyone else ]	living in your home:_		
Have you been foster parents j	previously?	If yes, with w	vhat agency?	
Please give complete name and	1 address:			
Dates of Involvement:				
Are you willing to give consen	it to that agency t	to release study and s	supervisory inforr	nation to Tioga County
Department of Human Service	es?			
What schools do children livin	ng in your home a	attend? (Please list so	chool names and a	uddresses)
What is the distance from the	schools to your b	nome)		<u>.</u>
By what means would children				
Who is your family doctor?				
Has any individual residing in	the home ever be	een convicted of a mi	sdemeanor or felo	ony charge?
If yes please explain:				, 0
Doos anyons in the household		income (weeksen)		
Does anyone in the household	own or possess r	meanins/weapons? _		

List three non-relative individuals whom we may contact for a personal reference.

# Please include complete addresses and phone numbers.

Name	Address	City	State	Zip Code	Phone
1)		-		-	
,					
2)					
3)					

#### CONSENT

We wish to participate in a resource family home study. We hereby consent to the following agencies being contracted and we request them to release to Tioga County Department of Human Services any and all information known to them about us/and/or our children. We also give permission to Family Services to Photostat this consent to allow for copies enough to submit to the named agencies:

Police and FBI Tioga County Board of Assistance Mental Health-Mental Retardation Program Tioga County Probation Department Other: \_\_\_\_\_

Age range: \_\_\_\_\_ to \_\_\_\_\_ boys \_\_\_\_\_ girls \_\_\_\_\_ either \_\_\_\_\_

Number of children you feel you can be resource family to:

Directions to your home:

Date: \_\_\_\_\_

Applicant One's Signature

Applicant Two's Signature