



**RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH & FAMILIES  
APPLICATION FOR A NEW FOSTER CARE & ADOPTION LICENSE**

*Please type or print. If you need extra space to provide complete answers, please attach extra pages.*

1. What type of license are you applying for? Please check one of the following:

- License to care for specific child(ren) (kinship foster care)
- General foster care & adoption license (non-kinship foster care)

If applying for a license to care for specific child(ren): Please list the name(s) of child(ren) for whom you are already providing foster care or for whom you would like to provide foster care:

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

What is your relationship to the child(ren) listed above? \_\_\_\_\_

2. Applicant 1:

Last Name	First Name	Middle Name	Maiden Name
_____	_____	_____	_____
Gender	Race	Hispanic Y/N	Date of Birth
_____	_____	_____	_____
U.S. Citizen or Permanent Resident? – Y/N    If “no,” please state your immigration status.			
_____			
Please list all other names and aliases you’ve ever used. If you have not used any, write “none.”			
_____			

3. Applicant 2:

Last Name	First Name	Middle Name	Maiden Name
_____	_____	_____	_____
Gender	Race	Hispanic Y/N	Date of Birth
_____	_____	_____	_____
U.S. Citizen or Permanent Resident? – Y/N    If “no,” please state your immigration status.			
_____			
Please list all other names and aliases you’ve ever used. If you have not used any, write “none.”			
_____			

4. Address:

Number, Street, Apt.	City or Town	Zip Code
_____	_____	_____

5. Telephone and Email:

Applicant 1

Applicant 2

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

May we call you at work? Applicant 1:  Yes  No Applicant 2:  Yes  No

What is the best way to reach you? \_\_\_\_\_

6. Please indicate city/town, state, and dates of residency for the past 5 years:

Applicant 1

Applicant 2

Location

Dates (MM/YY-MM/YY)

Location

Dates (MM/YY-MM/YY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide the following information about ALL of your children, including birth, step, and adoptive, regardless of age and current residence.

Last Name

First Name

DOB

Living with  
you? Y/N

Adopted?  
Y/N

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please list all other members of your household:

Last Name

First Name

Middle Name

DOB

Relationship to you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What languages are spoken in your home? \_\_\_\_\_

Are you able to read and understand English? Applicant 1:  Yes  No Applicant 2:  Yes  No

Do you need an interpreter?  No  Yes If yes, which language(s) and applicant(s): \_\_\_\_\_

10. Do you have sufficient income to meet your family's current living expenses?  Yes  No

11. Please provide the following information regarding your current or most recent employment:

*Applicant 1:*

<u>Employer</u>	<u>Address</u>	<u>Start/End Dates</u>	<u>Position</u>	<u>Work Days/Hours</u>
-----------------	----------------	------------------------	-----------------	------------------------

*Applicant 2:*

<u>Employer</u>	<u>Address</u>	<u>Start/End Dates</u>	<u>Position</u>	<u>Work Days/Hours</u>
-----------------	----------------	------------------------	-----------------	------------------------

12. Do you have any other sources of income?  Yes  No If "yes," please explain:

13. Have you, your partner, your child(ren), or any other member of your household ever been investigated by Child Protective Services in Rhode Island or any other jurisdiction in the U.S. or any other country?

Yes  No If "yes," please explain:

14. Have you or your partner ever had a child or children placed outside of your home by this or any other state in the U.S. or any other country?  Yes  No If "yes," please explain:

15. Have you, your partner, your children, or any other member of your household ever received services from a child welfare agency (such as DCYF), Juvenile Detention/Corrections (such as Rhode Island Training School), or Juvenile Probation in Rhode Island or any other jurisdiction in the U.S. or abroad?

Yes  No If "yes," please explain:

---

---

---

---

---

16. Have you or your partner ever been licensed to provide day care, foster care, or adoptive care in any state or country, or have you ever applied for such a license?  Yes  No If "yes," please explain:

---

---

---

17. Have you, your partner, your child(ren), or any other member of your household ever been arrested, or charged by the police or any other law enforcement agency, or been arraigned, indicted, or convicted of any offense in any state or country?  Yes  No If "yes," please explain:

---

---

---

---

---

18. Do you or your partner have a history of physical or mental illness or a condition that may affect your capacity to parent a child who may be physically, emotionally, or behaviorally challenging?

Yes  No If "yes," please explain:

---

---

---

## REFERENCES

19. Please list below all physicians, counselors, psychologists, psychotherapists, and other healthcare professionals providing services to you and/or members of your family residing in your household:

<u>Provider's Name</u>	<u>Office Address</u>	<u>Family Member's Name</u>	<u>Primary or Specialist?</u>
------------------------	-----------------------	-----------------------------	-------------------------------

---

---

---

---

---

---

---

---

20. Personal References:

Please list four (4) persons who have known you for at least two years and can comment on your family's lifestyle and values. Please inform them that they will be used as references and will be receiving a letter from DCYF requesting a personal reference response. Please ask your references to return their response to DCYF as soon as possible to help avoid delays in processing your application.

	<u>Full Name</u>	<u>Complete Address, Including Zip Code</u>
<i>Non-Relative</i>	1	_____
<i>Non-Relative</i>	2	_____
<i>Relative</i>	3	_____
<i>Either</i>	4	_____

**HOUSING AND SAFETY FACTORS**

21. What is your housing situation?

Rent  Own  Other (Please explain): \_\_\_\_\_

---

22. How many rooms are in your home? \_\_\_\_\_

23. How many bedrooms? \_\_\_\_\_

24. How many pets are in your home? \_\_\_\_\_

<u>Name and Type of Pet</u>	<u>Licensed? (Yes/No)</u>	<u>Up to date on rabies vaccinations? (Yes/No)</u>
-----------------------------	---------------------------	--

---

---

---

---

**RECRUITMENT**

25. Why are you interested in becoming a foster or adoptive parent? There is no right or wrong answer.

---

---

---

---

26. What prompted you to take concrete steps towards becoming a foster or adoptive parent? Check all that apply:

Attended an info session hosted by (organization name): \_\_\_\_\_

Talked to a foster or adoptive parent (parent's name): \_\_\_\_\_

News story       Poster or flyer     Billboard

TV/Radio ad       Web ad: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

**SIGNATURE(S)**

*Please read the following statement and sign your application by hand if submitting your application via mail or fax. If you are submitting your application electronically without printing it first, please type your full name and check the box next to it.*

I/We, the undersigned, attest that the information contained in this application is complete and accurate. I/We understand that any false representation on this application may be cause for denial of the license we are seeking or immediate revocation of any license if it has been issued. I/We further understand that all members of my/our household will undergo clearances by the Bureau of Criminal Identification and/or local law enforcement authorities and the Department of Children, Youth and Families. We understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing my application.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

By checking this box and typing my name below, I am electronically signing my application.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

**Please return completed application by mail to:**

**The Groden Center, PFLA**

**610 Manton Avenue, 3<sup>rd</sup> floor**

**Providence, RI 02909**

**Attention: Andrea Neri, PFLA Coordinator**

**OR fax: to the attention of Andrea Neri, 401-421-2152**