



APPLICATION TO PROVIDE ADULT FOSTER CARE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ADULT AND AGING SERVICES
 SFN 1013 (11-2024)

The application process for Adult Foster Care includes home visits and interviews designed to determine whether applicants meet minimum licensing requirements.

	NAME	RELATIONSHIP	DATE OF BIRTH
APPLICANT			
APPLICANT			
OTHER PERSONS LIVING IN THE HOME			
Street Address		Telephone Number	
City		County	ZIP Code

REFERENCES: Provide three references unrelated to your family who we may contact about your application. **(required for initial application).**

	NAME	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
1						
2						
3						

Have you previously applied for an AFC License? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the county and state where the application was made
Was the application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read the rules and regulations governing Adult Foster Care and agree to abide by them. As stated in the regulations, I understand and agree that I must be the owner or lessee and reside continuously in the home where adult foster care is provided.

Signature of Applicant	Date
Signature of Applicant	Date

APPLICANT 1

Name Preferred	Maiden Name
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CURRENT MARRIAGE

PRIOR MARRIAGE

Name of Spouse	Name of Former Spouse
Length of Marriage	Length of Marriage (Give Dates)

Religious Preference

Describe the role, if any, religion plays in your life. Would you have a concern caring for someone with differing religious beliefs?

Ethnic Origin

Languages (other than English)

Highest Level of Education Achieved

<input type="checkbox"/> Less than High School	<input type="checkbox"/> Some College
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College Degree (specify)
<input type="checkbox"/> GED	_____

List significant employment, work experience and current work schedules.

Special activities, hobbies, interests or experience with any agencies, organizations or groups.

Explain any special training or history of caregiving/understanding of care to person with disabilities such as cognitive and physical impairments.

APPLICANT 2

Name Preferred	Maiden Name
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CURRENT MARRIAGE

PRIOR MARRIAGE

Name of Spouse	Name of Former Spouse
Length of Marriage	Length of Marriage (Give Dates)

Religious Preference

Describe the role, if any, religion plays in your life. Would you have a concern caring for someone with differing religious beliefs?

Ethnic Origin

Languages (other than English)

Highest Level of Education Achieved

<input type="checkbox"/> Less than High School	<input type="checkbox"/> Some College
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College Degree (specify)
<input type="checkbox"/> GED	_____

List significant employment, work experience and current work schedules.

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Explain any special training or history of caregiving/understanding of care to person with disabilities such as cognitive and physical impairments.

APPLICANT 1

Physical Problems
Emotional Problems
Alcohol and other Drug Use/Abuse
Have you ever been verbally, emotionally or physically abused or experience any other type of abuse? <input type="checkbox"/> Yes-explain below: <input type="checkbox"/> No
What is your past and current relationship with your parents, siblings, spouses and children?
Describe your personality and how you communicate your feelings. What are your strengths and weaknesses?
Describe how you show warmth and feelings of affection toward others.

APPLICANT 2

Physical Problems
Emotional Problems
Alcohol and other Drug Use/Abuse
Have you ever been verbally, emotionally or physically abused or experience any other type of abuse? <input type="checkbox"/> Yes-explain below: <input type="checkbox"/> No
What is your past and current relationship with your parents, siblings, spouses and children?
Describe your personality and how you communicate your feelings. What are your strengths and weaknesses?
Describe how you show warmth and feelings of affection toward others.

APPLICANT 1

What "stresses you out" and how do you handle stress?
With whom do you talk? Who provides you with support?
What type of losses have you experienced?
You may be working with persons with different behaviors, characteristics or values. Describe your ability to understand the behaviors.
Describe any behavior that you could not tolerate in your home.
Describe any physical impairment you could not handle in your home.

APPLICANT 2

What "stresses you out" and how do you handle stress?
With whom do you talk? Who provides you with support?
What type of losses have you experienced?
You may be working with persons with different behaviors, characteristics or values. Describe your ability to understand the behaviors.
Describe any behavior that you could not tolerate in your home.
Describe any physical impairment you could not handle in your home.

Who do you plan to use for your respite providers/substitute caregivers?
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Does your household have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Type of Pet	Inside or Outside Pet?	Vaccinations Current? (Attach verifications)
Are pets friendly to others? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			