

**HOMESTUDY: APPLICATION FORM**  
**(Foster Care Applicants in Ontario)**

## FOSTER CARE HOMESTUDY APPLICATION FORM

APPLICANT INFORMATION			
<b>APPLICANT # 1</b>		<b>APPLICANT # 2</b>	
Full Legal Name:		Full Legal Name:	
Maiden Name:		Maiden Name:	
Previous Names:		Previous Names:	
Date of Birth:		Birth Date:	
Birthplace:		Birth Place:	
Gender:		Gender:	
Religion:		Religion:	
Education:		Education:	
Language(s) spoken:		Language(s) spoken:	
Occupation:		Occupation:	
Employer:		Employer:	
Racial origin:		Racial origin:	
Ethnic origin:		Ethnic origin:	
Native Band Name/No.:		Native Band Name/No.:	
Citizenship:		Citizenship:	
<b>HOME MAILING ADDRESS</b>			
Address & Apt/Unit No.			
City/Town:		Province:	Postal Code:
Home Phone:		Home Fax:	Home E-Mail:
<b>CONTACT INFORMATION</b>			
<b>APPLICANT # 1</b>		<b>APPLICANT # 2</b>	
Work Phone:		Work Phone:	
Cell Phone #		Cell Phone #	
<b>CHILDREN:</b> ( If more than 4 children use back side of page to record additional information )			
Name	Gender	Date of Birth	Living With Whom
<b>OTHER ADULTS LIVING IN APPLICANT(S) HOME:</b> ( If more than 2 other adults use back side of page to record additional information )			
Name	Gender	Age	Relationship to Applicant(s)
<b>MARRIAGE or DOMESTIC PARTNERSHIP</b> ( If more than 1 past marriage or past domestic partnership, use back side of page to record additional information )			

Current Marriage Date:	Current Domestic Partnership Date:
Past Marriage or Domestic Partnership - Applicant # 1	Past Marriage or Domestic Partnership - Applicant # 2
Date Begun:	Date Begun:
Date Ended:	Date Ended:

**PREVIOUS FOSTER CARE APPLICATIONS:**

Have you previously applied for foster care, either as an individual, a couple or in a previous relationship?

Yes

No

Have you previously begun or completed a foster care education program?

Yes

No

Have you previously begun or completed a foster care homestudy assessment?

Yes

No

Have you previously applied to adopt a child?

Yes

No

**PREVIOUS CHILD WELFARE INVOLVEMENT**

Have you previously been involved with a Children's Aid Society or any child protection authority outside Ontario?

Yes

No

If yes, please provide specifics:

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**DESIRED CHILD AND AGE RANGE:**

Age of Child: (or age range) \_\_\_\_\_

Gender of Child:  Male  Female  Either  Both

Race or ethnic origin of child:  Not considered Specify, if any: \_\_\_\_\_

Would you consider caring for a sibling group?  Yes  No  Unsure

Would you be willing to provide care to medically fragile children or children with physical handicaps?

Yes

No

What type of child do you feel would best adapt to your family unit and why?

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**Please list any significant training, experience and/or volunteer experience you have acquired?**

**ACKNOWLEDGEMENTS**

I/We, the undersigned, submit this application with the following acknowledgements:

I/We consent to the Children's Aid Society of \_\_\_\_\_ communicating and/or requesting information about me/us to/from other children's aid societies, child protection authorities outside Ontario, private adoption agents/agencies, private foster care operators, applicable government agencies or other sources as necessary.

I/We understand and agree that information concerning one of us individually, may be shared by the Society with my co-applicant.

I/We understand that any false statement, or omitted information in this application, may jeopardize my/our foster care application.

\_\_\_\_\_  
Signature of Applicant # 1

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