



COLUMBIA COUNTY

Health and Human Services
111 E. Mullett Street

608-742-9227
FAX: 608-742-9700

E-MAIL: DHHS@columbiacountywi.gov
WEBSITE: www.co.columbia.wi.us

Mailing Address: P.O. Box 136
Portage, WI 53901-0136

Foster Care Application

Applicant Name 1:	
Applicant Name 2:	

Applicant 1 last/first/middle Name:	Maiden/other legal names used:
Date of Birth:	Preferred name and/or pronouns:
Birthplace:	Race:
Driver's license number:	Social Security Number:
Applicant 2 last/first/middle Name:	Maiden/other legal names used:
Date of Birth:	Preferred name and/or pronouns:
Birthplace:	Race:
Driver's license number:	Social Security Number:

Applicant(s) Address:		
Mailing Address (if different than above)		
Length of time at current residence:	Applicant 1 Phone Number:	Applicant 2 Phone Number:

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Applicant 1 Email Address:	Applicant 2 Email Address:
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Give previous address(s) for the past 5 years and length of time at each:

- 1.

- 2.

- 3.

Best way to contact: Call Text Email

Type of Current Residence

Number of Rooms:	Number of Bathrooms:	Number of Bedrooms:
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Square footage of the home:	What is the style of your home (apt/house):
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Do you rent or own your home?

Locations of Bedrooms:

Describe the sleeping arrangements for foster children:

Does anyone in your household Smoke: YES NO **If yes, who:**

Describe your neighborhood:

Describe your relationship with your neighbors:

Public school System

Please list the public schools within your district

3k/4k:	Elementary School:
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Middle School:	High School:
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Marriage Information	
Date of present marriage:	Place of present marriage:
Previous Marriage Applicant 1:	Previous Marriage Applicant 2:
Name of previous spouse:	Name of previous spouse:
Date of marriage:	Date of marriage:
City and State of marriage:	City and State of marriage:
Date marriage ended:	Date marriage ended:
Reason for Termination of Marriage:	Reason for Termination of Marriage:

Employment Applicant 1				
Occupation:		Current Employer:		
Supervisor:		Date employment began:		
Employer address:				
Job duties:				
Work schedule hours/days of week:				
Previous employment history (5 year look back)				
Employer	Position	Duties	Dates of employment	Reason for leaving

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Employment Applicant 2				
Occupation:		Current Employer:		
Supervisor:		Date employment began:		
Employer address:				
Job duties:				
Work schedule hours/days of week:				
Previous employment history (5 year look back)				
Employer	Position	Duties	Dates of employment	Reason for leaving

Military Service	
Applicant 1	Applicant 2
Have you ever been in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what branch:	If yes, what branch:
Date of enlistment:	Date of enlistment:
Date of discharge:	Date of discharge:
Type of discharge:	Type of discharge:

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Education Applicant 1	
Name of high school attended:	Highest grade completed:
Name of college/technical school:	Date of graduation:
Degrees earned:	
Any additional education/training:	

Education Applicant 2	
Name of high school attended:	Highest grade completed:
Name of college/technical school:	Date of graduation:
Degrees earned:	
Any additional education/training:	

General Health Status							
Applicant 1 Health Status:				Applicant 2 Health Status:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
Please rate the health of each child in your home:							
Child Name:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Child Name:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Child Name:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Child Name:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Child Name:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						

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Describe any health concerns: Name each person to the health concern:

List hospitalizations and reasons:

Have you or another member of your birth family ever been treated for concerns for alcohol or other drugs?

YES **NO**

If yes, please complete the following:

Person(s) treated:	Dates of treatment:
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Treatment provided by:

Have you or any member of your birth family or household ever been treated or received counseling for emotional or psychiatric concerns?

YES **NO**

If yes, please complete the following:

Person(s) treated:	Dates of treatment:
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Treatment provided by:

Have you or any member of our household/family ever been referred to a child protective services agency for a child abuse or neglect complaint? **YES **NO****

If yes, please explain:

Do you or any household members currently use any form of alcohol? YES NO

If yes, to what extent: (occasionally, daily, weekly, etc.)

Do you or any household member currently use medications for any reason?

YES NO

If yes, please specify type, frequency and for what purpose:

Have you ever cared for children, other than your own, in your home? YES NO

If so, what was the purpose and for how long:

How do you and your partner differ in parenting your children? If you don't have children how do you believe you will parent?

Why do you want to become a foster parent?

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Describe the sex and age range of children you wish to care for and why:

What type of child would you NOT accept for a placement and why:

How do you feel about parents whose children are placed in foster care?

Are you willing to communicate with the foster child's parents: YES NO

If yes, in what ways are you open to communicate:

Previous Foster Care Experience Applicant 1	
Have you ever applied for a foster care license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied for any other license certifications to care for children? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to either:	
Was a license ever issued? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of application:
Date of license:	License issued by:
Name under which the license was issued:	Did you ever have a license revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by which agency:

Previous Foster Care Experience Applicant 2	
Have you ever applied for a foster care license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied for any other license certifications to care for children? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to either:	
Was a license ever issued? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of application:

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Date of license:	License issued by:
Name under which the license was issued:	Did you ever have a license revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by which agency:

Previous adoption experience	
Have you ever applied for adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, what is the current status:	
What adoption agency did you use?	
Would you consider adoption?	

Your children (include step children, adult children, and deceased children)					
Name	Sex	Birthdate	Birthplace	Relationship (Natural, step adopted)	School/Grade

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Other household members:				
Name	Relationship	Age/Birthdate	Receiving care (Y or N)	Employment

Applicant 1 Family (parents, siblings, step family)				
Name	Age/birthdate	Relationship	Residence	Employment

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Applicant 2 Family (parents, siblings, step family)				
Name	Age/birthdate	Relationship	Residence	Employment

Pets (in the home and outside)		
Kind of Pet	Name:	Vaccinations up to date:
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

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Financial statement	
Applicant 1	Applicant 2
Monthly gross income:	Monthly gross income:
Monthly income:	Monthly income:
Joint Monthly Expenses (total spent per month on each)	
Home:	Auto:
Utilities:	Insurance:
Bank notes/loans:	Groceries:
Credit cards:	Miscellaneous Items:
Total monthly bills:	

References		
(Please name 5 people that can be a reference. Only one can be related to you.)		
Name and Relationship	Address	Telephone number

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Health Insurance	
Applicant 1	Applicant 2
Health insurance <input type="checkbox"/> YES <input type="checkbox"/> NO	Health insurance <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Company:	Name of Company:
Do you have owner or renters Insurance <input type="checkbox"/> Homeowner <input type="checkbox"/> Renters	
What is the name of the insurance company:	
Have you ever declared bankruptcy in the past 10 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, why:	
In completing this application, we (I) understand there is no commitment by the agency that a child will be placed in our (my) home. We (I) also understand that the agency is free to consult persons or agencies named herein and do any required criminal records check.	

X

Print Name Applicant 1

X

Signature Applicant 1

Date:

X

Print Name Applicant 2

X

Signature Applicant 2

Date:

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RETURN APPLICATION TO:

Columbia County Department of Health and Human Services

Ashley Pikalek, Foster Care and Kinship Care Coordinator

Phone: 608-742-9283

Email: ashley.pikalek@columbiacountywi.gov

Mailing Address:

P. O. Box 136

Portage, WI 53901

Physical Address:

111 E. Mullett St.

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